

PROVIDING EDUCATIONAL INFORMATION ON HIV/AIDS & OTHER INFECTIOUS DISEASES AND REPRODUCTIVE HEALTH

FEBRUARY 2004

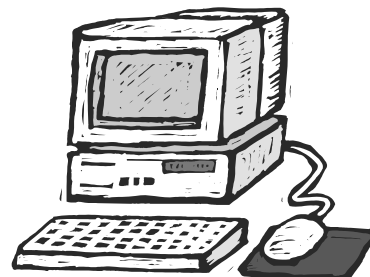
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The Washington State Department of Health HIV Prevention & Education Services and Client Services and The Governor's Advisory Council on HIV/AIDS (GACHA) share a web address. Go to <http://www.doh.wa.gov/hiv.htm> for access. You can also access the HIV Prevention & Education Services website at the old web address: http://www.doh.wa.gov/cfh/hiv_aids/prev_edu/.

Washington State Responds Quarterly Newsletter Now Electronically Distributed

Now that WSR is distributed electronically on our web site, we can send you an e-mail notification when the new issue is available online. In order to receive this notice please send your e-mail address with the subject title: WSR E-List. All you need to include in your note is your complete e-mail address. Please send to: teri.hintz@doh.wa.gov.



HIV/AIDS Trainings to meet State Licensing Requirements

LOCATION	PHONE NUMBER	2, 4, or 7 HOUR COURSES	COST	OTHER DETAILS
Anacortes (Skagit only)	(360) 299-1342 Jo Ann Hoover	4 hour 7 hour video courses	No charge	Offered by Island Hospital. For residents of Island, Skagit and San Juan Counties only.
Bellingham (Whatcom County)	(360) 733-3290	2.5 hour 4 hour 7 hour	\$25 for 2.5 hour \$40 for 4 hour \$60 for 7 hour	Offered by the Whatcom County-Bellingham American Red Cross.
Bellingham (Whatcom County)	(360) 715-8350	2 hour 4 hour 7 hour	\$20 for 2 hour \$30 for 4 hour \$50 for 7 hour	Offered quarterly through Bellingham Technical College.
Bellingham (Whatcom County)	(360) 715-8350	4 hour Infectious Disease Prevention for EMS	\$30 for 4 hour	Offered quarterly through Bellingham Technical College.
Bremerton (Kitsap County)	(360) 475-7359	2 hour	\$10 for 2 hour	Offered by Olympic College in Bremerton.
Bremerton (Kitsap County)	(360) 377-3761	2.5 hour 4 hour 7 hour	\$21 for 2.5 hour \$38 for 4 hour \$65 for 7 hour	Offered by the American Red Cross.
Bremerton (Kitsap and Pierce County)	(360) 405-0430 (253) 474-5879	2 hour 4 hour	\$15 for 2 hour \$15 for 4 hour	Offered by instructor Francis Hall. Also available in Pierce County.
Clallam County (Forks/Pt. Angeles)	(360) 374-5288 lanajrm@centurytel.net	3 hour 4 hour 7 hour	\$25 for 3 hour \$35 for 4 hour \$55 for 7 hour	Offered by Olympic Community Health Associates. Scholarships available.
Clallam County (Port Angeles)	(360) 417-2352 K. McDaniel	2 hour	\$10 for 2 hour	Offered by Clallam County Health Department
Clark County (Vancouver)	(360) 693-5821	2 hour 4 hour 7 hour	\$10 for 2 hour \$20 for 4 hour \$50 for 7 hour	Offered by the American Red Cross.
Colville (Ferry, Stevens & Pend Oreille Counties)	1-800-827-3218 Angie	2 hour 4 hour	No cost for 2 or 4 hour classes	Offered by Northeast Tri- County Health District.
Cowlitz County	(360) 414-5599	2 hour 4 hour 7 hour	\$10 for 2 hour \$30 for 4 hour \$45 for 7 hour	Offered by Cowlitz County Health Department
Coupeville (Island County)	(360) 678-5151	4 hour 7 hour	Call for info.	Offered by Island County Health Dept. and Whidbey General Hospital

**A PUBLIC INFORMATION PROJECT OF THE WASHINGTON STATE DEPARTMENT OF HEALTH, OFFICE
OF INFECTIOUS DISEASE AND REPRODUCTIVE HEALTH**

<http://www.doh.wa.gov/hiv.htm>

LOCATION	PHONE NUMBER	2, 4, or 7 HOUR COURSES	COST	OTHER DETAILS
Edmonds (Snohomish County)	(425) 640-1840	7 hour	\$68 for 7 hour. Also receive one credit.	Offered by Edmonds Community College.
Everett (Snohomish County)	(425) 259-9899x16 Anne Miles	2 hour 4 hour 7 hour	\$20 for 2 hour \$30 for 4 hour \$50 for 7 hour	Offered by Positive Women's Network
Everett (Snohomish County)	(425) 252-4103x12 Laura	2.5 hour 4 hour 7 hour	\$25 for 2.5 hour \$30 for 4 hour \$60 for 7 hour	Offered by the American Red Cross. Scholarships are available.
Grays Harbor	(360) 533-3431	4 hour	\$30 for 4 hour	Offered by the American Red Cross
Grays Harbor and Pacific County	(360) 267-3404 (360) 267-3405	2 hour 4 hour 7 hour 10 hour	\$25 for 2hr \$35 for 4hr \$55 for 7hr \$85 for 10 hour	Offered by Critical Incident Stress Management (CISM). Also offer First Aid/CPR class.
Ilwaco (Pacific County)	(360) 642-2869 Lynn Roy	4 hour 7 hour	Cost varies	Offered by Ocean Beach Hospital.
Kirkland (King County)	(425) 739-8104 (425) 739-8112	7 hour	\$69 for 7 hour	Offered by Lake Washington Technical College.
Mason County	(360) 352-8575	4 hour	\$30 for 4 hour	Offered by the American Red Cross.
Mt. Vernon (Skagit County)	(360) 428-2151	4 hour 7 hour videos	\$25 handling fee for tapes	Offered by Skagit Valley Hospital.
Mt. Vernon (Skagit County)	(360) 424-5291	2.5 hour 4 hour 7 hour	\$25 for 2.5 hour \$35 for 4 hour \$45 for 7 hour	Offered by the American Red Cross.
Mt. Vernon (Skagit County)	(360) 853-7742 www.healthsafepro.com	2.5 hour 4 hour 7 hour	\$25 for 2.5 hour \$40 for 4 hour \$60 for 7 hour	Offered by Professional Health & Safety Consultants.
Okanogan	(509) 422-7153 Corina	2 hour 4 hour 7 hour	\$10 for 2 hour \$20 for 4 hour \$35 for 7 hour	Offered by the Okanogan Health District
Olympia (Thurston County)	(360) 352-8575	4 hour	\$30 for 4 hour	Offered by the American Red Cross.
Olympia	(360) 352-2375	4 hour 7 hour	\$30 for 4 hour \$60 for 7 hour	Offered by United Communities AIDS Network (UCAN)

LOCATION	PHONE NUMBER	2, 4, or 7 HOUR COURSES	COST	OTHER DETAILS
Puyallup (Pierce County)	(253) 841-3311	2 hour 4 hour 7 hour	\$15 for 2 hour \$40 for 4 hour \$50 for 7+ hour	Offered by H.E.L.P. (HIV/AIDS Educational Learning Place) the C.P.R. First Aid Company).
San Juan County	(360) 378-4474	2 hour 4 hour 7 hour	No charge for Island, Skagit & San Juan Co.	Offered by the San Juan County Health & Community Services.
Seattle/King County & South Snohomish County	(206) 784-5655 www.healthinfolnet work.org	2 hour 4 hour 7 hour	\$10 for 2 hour \$25 for 4 hour \$40 for 7 hour	Offered by Health Information Network. They will also travel to your facility.
Seattle	800-783-2437	2.5 hour 4 hour 7 hour	\$30.41 for 2.5 hr \$45.44 for 4 hr \$53.21 for 7 hr	Offered by Health Impact.
Seattle	(206) 726-3534	2 hour 4 hour 7 hour	\$21 for 2 hour \$30 for 4 hour \$65 for 7 hour	Offered by the American Red Cross.
Seattle	(206) 282-1288	7 hour	Call for info.	Teen AIDS Prevention Education training for youth service providers, offered by Youth Care.
Spokane	(509) 326-3330 x210	2 hour 4 hour	\$20 for 2 hour \$30 for 4 hour	Offered by the American Red Cross.
Spokane	(509) 324-1542	7 hour	\$50 for 7 hour	Offered by the Spokane Regional Health District.
Spokane	(509) 928-1588	7 hour	\$45 for 7 hour	Offered by Visions Community Resources.
Tacoma (Pierce County)	(253) 841-3311 Barbara Miller	2 hour 4 hour 7 hour	\$30 for 2 hour \$40 for 4 hour \$50 for 7 hour	Offered by C.P.R. Company.
Tacoma (Pierce County)	(253) 474-0600	2 hour 4 hour 7 hour	\$15 for 2 hour \$43 for 4 hour \$55 for 7 hour	Offered by the American Red Cross.
Tacoma (Pierce County)	(253) 566-5020 Linda Finkas	7 hour 7 hour Independent study	\$40 for 7 hour \$45 for video course	Offered by Tacoma Community College.
Vancouver	(360) 992-2939 Press Option #1	2 hour 4 hour 7 hour	\$30 for 2 hour \$50 for 4 hour \$60 for 7 hour	Offered by Clark College Continuing Education Program. Take home program that offers discounts for 2 or more students.

LOCATION	PHONE NUMBER	2, 4, or 7 HOUR COURSES	COST	OTHER DETAILS
Walla Walla	(509) 527-4330	7 hour	\$45 for 7 hour	Offered quarterly by Walla Walla Community College.
Whitman County (Colfax)	(509) 397-6280	4 hour video course 7 hour video course	\$25 handling fee for tapes	Offered by the Whitman County Health Department.
Whitman County (Pullman)	(509) 332-6752	4 hour video course 7 hour video course	\$25 handling fee for tapes	Offered by the Whitman County Health Department.
White Salmon (Klickitat County)	(509) 493-1101	2 hour 4 hour 7 hour, and other First Aid Classes	\$25 for 2 hour \$30 for 4 hour \$50 for 7 hour	Offered by Skyline Hospital.
Yakima	(509) 248-3628	7 hour	\$50 for 7 hour	Offered by Planned Parenthood of Central Washington.
Yakima	(509) 457-1690	2 hour	\$20 for 2 hour	Offered by the American Red Cross.
Yakima	(509) 853-2034 or 1-877-620-6202	2 hour 4 hour 7 hour, and other First Aid Classes	\$25 for 2 hour \$40 for 4 hour \$55 for 7 hour	Offered by First Aids and Safety Training.
Statewide	(206) 784-5655 www.healthinfonet.work.org	HIV/AIDS 7-hour Video Course	\$250	Offered by Health Information Network. Designed to assist health care facilities meet Washington State Licensing requirements.
Statewide	(206) 543-1047	HIV/AIDS Training Audiotape Course	\$95 for 7.5 hrs	Offered by U of W School of Nursing. Designed to assist health care facilities meet Washington State requirements.
Statewide	(425) 564-2012	HIV/AIDS Self Study Program \$100 Refundable Deposit	\$60 for 4 hour* \$80 for 7 hour* *includes mailing	Offered by Bellevue Community College Continuing Education and Health Information Network.
Statewide	(206) 726-1427	8-hour Videotape Series	\$399	Offered by Barksdale Media. Designed to assist health care facilities meet Washington State requirements.
Statewide	(206) 320-9822	2 hour 4 hour 7 hour	\$30 for 2 hour \$45 for 4 hour \$65 for 7 hour	Offered by Empowerment Institute. Course may be offered at your site.

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<http://www.doh.wa.gov/hiv.htm>

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Statewide Internet Classes	(360) 853-7742 www.healthsafepro. com	2.5 hour 4 hour 7 hour	\$25 for 2.5 hour \$40 for 4 hour \$60 for 7 hour	Offered by Professional Health & Safety Consultants.
Statewide Internet Classes	1-800-346-4915 www.preventionmd. com	2 hour	\$20 for 2 hour	Online course offered by Prevention MD.
Statewide Internet Classes	(707) 937-0518 www.nursingceu. com	2 hour 4 hour 7 hour	\$20 for 2 hour \$40 for 4 hour \$70 for 7 hour	Washington State HIV/AIDS internet course offered by Wild Iris Medical Education.

HIV Prevention Counseling and Testing Training Schedule for 2004

These one-, two- and three-day courses will assist health care providers and others develop necessary skills for providing pre- and post-test counseling for HIV testing, as required by Washington State law.

These courses are not intended for the general public.

REGION	TRAINER	COURSE DATES
One (Spokane)	Margaret Haas and Christopher Zilar (509) 324-1542 or 1-800-456-3236 The cost varies according to length of class.	Jan. 28, 2004* 1 day *Last 1-day class offered March-9-10, 2004 2 day June 8-10, 2004 3 day
Two (Yakima)	Deborah Severtson-Coffin (509) 454-3322 The cost of the 2 day class is \$85.	Jan 29-30, 2004 2 day Feb 26-27, 2004 2 day March 4-5, 2004 2 day June 17-18, 2004 2 day
Three (Everett)	Eric Hatzenbuchier and Kevin Henderson (425) 339-5251 The cost of the 2 day class is \$75.	March 15-16, 2004 2 day June 7-9, 2004 3 day
Four (Seattle)	Robert Marks and Mark Alstead (206) 296-4649 or email to: diane.ferrero@metrokc.gov The cost for the 2 day class is \$125. The cost for the 3 day class is \$175.	Jan 27-29, 2004 3 day Feb 24-25, 2004 2 day May 4-6, 2004 3 day June 29-30, 2004 2 day
Five (Tacoma)	Kim Ingram (253) 798-2939 The cost for the 2 day class is \$50.	Jan 14-16, 2004 3 day Feb 20, 2004 1 day April 28-30, 2004 3 day June 3-4, 2004 2 day
Six (Vancouver)	Beth McGinnis (360) 397-8111 The cost for the 2 day class is \$100.	March 3-5, 2004 3 day

Calendar



FEBRUARY 7, 2004

How can you support **National Black HIV/AIDS Awareness and Information Day**? Get information at <http://www.blackaidsday.org/> or info@blackaidsday.org and support the initiative to mobilize African American communities all around the country to get tested, get educated and get involved with HIV/AIDS in their community.

FEBRUARY 9, 2004

This five-day **STD Intensive course, designed for clinicians with at least 6 months clinical STD experience**, addresses the prevention, diagnosis and management of STD through didactic and practicum training. The 3-day didactic portion, held February 9-11 may include the following topics: STD Overview, HSV, HPV, Vaginitis, Cervicitis, PID, Syphilis, Genital Dermatology, Urethritis and Epididymitis in Males, Chlamydia, Hepatitis, Assessment of STD-Related Risk Behavior and Targeted Risk Reduction, STDs in Adolescents-Special Concerns, and Laboratory Tests for the Diagnosis of STD. The 2-day clinical practicum includes basic examination skills, lecture/discussion on taking a sexual history, review of STD case studies and hands-on experience in the STD clinic and laboratory. STD clinic training includes performing STD examinations of both male and female patients in the presence of a skilled preceptor. Laboratory training includes hands-on practice of microscopy procedures directed by a preceptor. The practicum is scheduled individually to take place within two to three months following the didactic portion of the course. The registration fee for the five-day STD Intensive course is \$300. The registration fee for just the STD Update course is \$200. Please call the Seattle STD/HIV Prevention Training Center at (206) 685-9850 for an application or visit <http://www.seattlestdhivptc.org/> for more information.

FEBRUARY 14, 2004

The **Ryan White National Youth Conference on HIV and AIDS** will be held in Portland, Oregon on February 14, 15 and 16. This year includes the Positive Youth Institute February 13, 2004. Learn how to design and deliver HIV prevention tools; develop models for care, leadership and support services for HIV positive young people; and, learn tools and techniques to build and develop education, training and leadership and advocacy skills for youth. For information call Ca'tina Perkins-Gibson at (202) 898-0414 Ext. 137, 9:00 A.M.-5:00 P.M. Eastern Time or e-mail cperkins@napwa.org. Find out more at: <http://www.rwnyc.org/>.

FEBRUARY 27, 2004

Visit <http://www.womenshealthconf.org/> to learn about an exciting conference on **Women and Infectious Diseases**, held February 27-28, 2004, at the Atlanta Marriott Marquis, Atlanta, Georgia. The objectives of this conference include enhancing prevention and control of infectious diseases that disproportionately impact women, such as those affecting pregnancy, birth and infants. The conference will also explore gender-appropriate interventions, and promote collaboration among caregivers, policy makers and community-based organizations. Please contact Marian McDonald at (404) 371-5312, or mmcdonald@cdc.gov also, Sakina Jaffer at (404) 371-5308, or smi1@cdc.gov.

FEBRUARY 29, 2004

Brush shoulders with the stars in a glamorous historic venue! Join **Spokane AIDS Network for the 6th Annual Oscar Night Gala Fundraiser** at the Davenport Hotel, where you can walk the red carpet, and dine on gourmet cuisine while surrounded by gilded live Oscars! Hollywood memorabilia will be offered in a silent auction and the Academy Awards will be telecast.

MARCH 7, 2004

The **Balm In Gilead** invites Black faith communities worldwide to participate in the 15th Annual Black Church Week of Prayer for the Healing of AIDS, set for March 7-13, 2004. Participating churches and religious organizations in the United States will work in partnership with Catholic, Christian and Muslims leaders in the African countries of Cote d'Ivoire, Ghana, Kenya, Tanzania, and Zimbabwe to deliver services and resources to people infected with and affected by HIV/AIDS. Register by contacting: <http://www.balmingilead.org/>. Telephone: (212) 730-7381 (direct) or (888) 225-6243 (toll-free) and Fax: (212) 730-2551.

MARCH 9, 2004

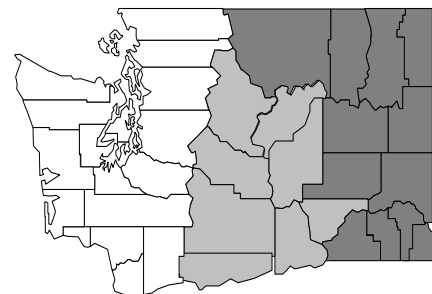
The Governor's Advisory Council on HIV/AIDS (GACHA) meets from 9:00 A.M. to 3:00 P.M. The location will be determined later. For further information, contact Lynn Johnigk at: (360) 236-3444 or e-mail her at: Lynn.Johnigk@doh.wa.gov.

APRIL 20, 2004

Public Health - Seattle & King County is offering two 2-day workshops on **Motivational Interviewing**. This is a direct, yet non-confrontational way of working with people who are ambivalent about changing their behaviors. This workshop will assist providers to identify where clients are in the change process, recognize the right time to give information or advice, improve listening skills, create an environment that supports and encourages change, and manage client resistance in a way that is less frustrating. Class dates are April 20-21, and again on August 10-11. Fees are \$95 per person. Agencies with 5 or more participants receive an \$85 per person fee. Trainers are Robert Marks and Kathy Silverman. For further information, contact Diane Ferrero at (206) 296-4649 or diane.ferrero@metrokc.gov or visit <http://www.metrokc.gov/health/apu/resources/miclass.htm>.

REGIONS 1 & 2

Region One (dark area) includes Adams, Asotin, Columbia, Ferry, Garfield, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla and Whitman Counties. The Region One AIDSNET Office is in Spokane and the Coordinator is Barry Hilt at (509) 324-1551.



Region Two (gray area) includes Benton, Chelan, Douglas, Franklin, Grant, Kittitas, Klickitat and Yakima Counties. The Region Two AIDSNET office is in Yakima and the Coordinator is Wendy Doescher at (509) 249-6503.

TRANSITIONS

The Spokane Regional Health Department HIV/AIDS and Reproductive Health Program wishes **Julie Lewis** well in her move to Seattle. Julie worked with adults and youth in HIV/AIDS education and will be greatly missed. Best of luck in all of your endeavors Julie!

ANNOUNCEMENTS

The **Know Your Status Project** will continue through 2004. "Know Your Status" works with HIV+ individuals (and those at increased behavioral risk for a new HIV infection) to reach into their social networks to encourage friends, and sex and needle sharing partners to get tested for HIV. Know Your Status is coordinated through the **Spokane Regional Health District**. For more information please contact Lisa St. John at (509) 324-1547 or e-mail to: Lstjohn@Spokanecounty.org.

Public Health Educators **Chris Zilar, Julie Zink, and Julie Lewis** received recognition and the "**Humanitarian Event Of The Year**" award from Spokane Community College for their collaborative work and coordination of 2002 World AIDS Day event planning.

Lynn Everson and **Susan Sjoberg** attended the Centers For Disease Control And Prevention's **Safety Counts** Training offered by the Academy of Education Development. Safety Counts is an intervention aimed at

reducing high-risk drug use and sexual behaviors of injection drug and crack cocaine users that are related to transmission of HIV. The intervention is a behaviorally focused, seven-session, group-level intervention. Safety Counts incorporates social modeling, social support, and modified behavioral contracting as core elements. Safety Counts works well with the CDC's Advancing HIV Prevention initiative as it strongly encourages HIV testing as a precursor to program enrollment. The intervention addresses the needs of both HIV negative and HIV positive clients. Susan and Lynn hope to look closely at incorporating this intervention in 2004.

Washington State Department of Health **HITS** (HIV Testing Survey) interviews were conducted from September through December 2003 at the Spokane Regional Health District STD clinic and the Spokane Regional Health District Needle Exchange Program. Other Spokane sites for interviews included Planned Parenthood Inland Northwest and Dempsey's Brass Rail. HITS is an anonymous survey of people at high risk for HIV infection and is sponsored by the Centers for Disease Control and Prevention.

The **Whitman County Syringe Exchange** is gradually growing and has listed their program on the Harm Reduction Website <http://www.harmreduction.org/>. Rather than having a fixed site, they advertise a toll-free telephone number (888) 707-3904 for people to call and make arrangements to meet with a staff member for the

exchange. The meeting place is where both people feel safe; sometimes a parking lot, sometimes the Health Department. Other materials such as condoms and lube, bleach kits, antibiotic ointment, and educational and referral information are also available at the time of the exchange meeting.

Yakima Needle Exchange (YNE) is seeing more new and younger adults. However, there has been a reduction in the actual number of syringe exchanges. YNE continues to have Medical Providers at the exchange and more clients are utilizing these medical providers rather than deferring their care until emergency care is required.

Yakima Health Department HIV staff continues to do free HIV counseling & testing every Thursday and any other day by appointment.

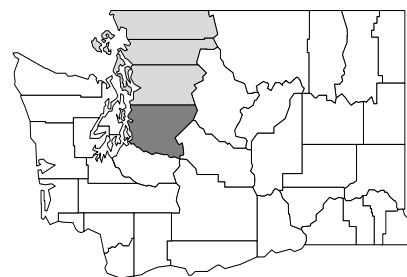
Drug treatment and Yakima County Jail HIV education is going strong and more treatment centers are asking for education for their clients on HIV, TB, and Hepatitis B and C information.

Yakima continues to work on new **strategies** for getting farm workers to attend the HIV/AIDS Education classes that begin in March and continue through October.

REGIONS 3 & 4

Region 3 (gray area) includes Island, San Juan, Skagit, Snohomish and Whatcom Counties. The Region 3 AIDSNET office is in Everett and the Coordinator is Alex Whitehouse at (425) 339-5211.

Region 4 (dark area) is King County. The Region 4 AIDSNET office is in Seattle and the Coordinator is Karen Hartfield, who can be reached at (206) 205-8056.



ANNOUNCEMENTS

Ten years ago **Frank Cardinelli** was hired to be the **Region 3 HIV/AIDS Disease Investigator**, located at the Snohomish Health District (SHD). Mr. Cardinelli came to SHD already very experienced as a public health disease investigator, formerly working for the State of Hawaii and Seattle/King County Department of Public Health. Frank has a well-deserved reputation for tenacity and skill in locating and field-testing partners of persons diagnosed with HIV/AIDS. He has integrity and strong professional ethics in dealing with sensitive situations including mandatory testing and investigating allegations of Behaviors Endangering the Public Health. He maintains good rapport with communities of people at greatest risk for HIV infection throughout Region 3's entire five-county area. It's a pleasure to recognize Frank Cardinelli for his

TEN YEARS of service to **Snohomish Health District (SHD)** and **Region 3 AIDSNET!**

CONGRATULATIONS and thanks to FRANK!

Starting January 2004, the **HIV/STD Hotline** from **Public Health - Seattle & King County** will operate Monday to Friday from 9 A.M. until 4 P.M. The hotline will keep providing up to date information on HIV/AIDS and other Sexually Transmitted Diseases, schedule appointments for HIV testing at the STD clinic and other public health jurisdiction clinics, offer printed and visual materials, inform the public on education activities and make referrals. The hotline has been in operation for over two decades in the King County area, handling thousands of confidential calls. For more information, you can contact

the HIV/STD Hotline in English or Spanish at (206) 205-7837 (STDs), TDD/TTY (206) 296-4843 or e-mail: hivstd.info@metrokc.gov.

NATIONAL LIBRARY OF MEDICINE AWARDS FUNDS TO PUBLIC HEALTH – SEATTLE & KING COUNTY FOR HIV/AIDS OUTREACH PROJECTS

The National Library of Medicine (NLM) recently announced funding for two outreach projects proposed by Public Health – Seattle & King County.

One project is titled ***“HIV/AIDS Information Outreach: Working with Communities at Risk of Acquisition and Transmission of HIV and Other STDs”***. The HIV/STD Resource Center & Library of the HIV/AIDS Program proposed this project. Larry Keil will be implementing the project over an 18 month time period. The project was funded for \$50,000 and was one of 9 standard awards made by NLM.

The second project funded is titled ***“Teen HIV/AIDS Internet Outreach Project”***. The Family Planning Program proposed this project and it will be implemented by Kari Kesler in Federal Way. This project was funded for \$10,000 and was one of 7 express awards made by NLM.

The goal of the first project is to improve access to HIV/AIDS related information by collaborating with community organizations that work with those most at risk of acquiring and transmitting HIV and other STDs. Proposed activities include: working with Street Outreach Services and Seattle Counseling Service to provide state-of-the-art computer equipment and better access to the Internet; providing training to community organizations on how to find HIV related information on-line; maintaining and expanding information resources on the HIV/AIDS homepage; and, acquiring resources to provide electronic access to peer-reviewed scientific and medical literature for Public Health staff.

The goal of the second project is to create HIV/AIDS web pages designed for and by local youth serving on a teen advisory board. This project utilizes a peer education model and will result in the creation of culturally-specific web pages with HIV prevention information and the training of a group of local youth to deliver prevention information to their communities. The teen advisory board will develop HIV prevention information for the website. They will also conduct community mapping to identify recreational opportunities for youth in South King County, and local agencies serving HIV+ and at-risk youth.

For more information about these projects contact Larry Keil at Larry.Keil@metrokc.gov or Kari Kesler at Kari.Kesler@metrokc.gov. More information about the NLM awards is available on-line at: <http://www.nlm.nih.gov/news/aidsprojs03.html>.

The **Seattle HIV/AIDS Planning Council** is making a change to its structure and is giving the new structure a trial run January through June of 2004. Previously, the Council had two main "houses"-prevention and care, which met separately. The full Council met every other month, mostly to approve the work of the care and prevention committees. The new structure eliminates these two subcommittees (as well as the committee charged with improving collaboration between care and prevention). The Council itself will meet every month and discuss both care and prevention issues more thoroughly. Prioritization processes will continue to take place as Ad Hoc subcommittees. It is hoped that the new structure will both increase care and prevention collaboration, as well as reduce the meeting time commitment for members and interested others.

Meeting Times: The Council meetings are held on the second Monday of the month, from 4:00 P.M. to 6:30 P.M. at Catholic Community Services*, at the corner of 23rd and Jackson in Seattle. All meetings are open to the public, and attendance is encouraged. To find out more please contact Council staff at (206) 296-4527.

*The location of the March 8th meeting had not been determined at the time of publication. Please call for information: Jesse Chipps, HIV/AIDS Planning Council Coordinator, 400 Yesler Way, 3rd Floor, Seattle, WA 98104. Phone at (206) 205-5511 or fax at (206) 205-5281.

The **African Americans Reach and Teach Health Ministry** (AARTH) is sponsoring the *Annual Keep Love Alive Celebration* in recognition of **National Black HIV/AIDS Awareness Day**. This celebration will take place on Saturday, February 7th, 2004 from 6:00 P.M. to 9:00 P.M. at the Emerald City Outreach Ministry Building, located at 7728 Rainier Ave. South, Seattle, WA. The evening will feature speakers, discussion, food, music and more. For further information, call (206) 850-2070.

Lifelong AIDS Alliance offers visitors a look at three new ads they designed targeting HIV positive, HIV negative and methamphetamine using gay men in the greater Seattle area. View them at: <http://www.lifelongaidsalliance.org/prevention/index.html>.

Health Information Network (HIN) continues to provide live HIV/AIDS education courses for licensing purposes for child and health care workers. During 2003,

approximately 972 individuals were educated through these courses and have continued partnerships with Northwest Hospital, Overlake Hospital Medical Center, Highline Community Hospital and Argosy University Seattle, who serve as conference sites. There are now 350 facilities statewide using the HIN HIV/AIDS video kit for Health Care Providers, enabling employees and staff to fulfill their licensing requirements. Partnership continues with Bellevue Community College and Tacoma Community College who provide the video kit for individuals unable to attend a live course.

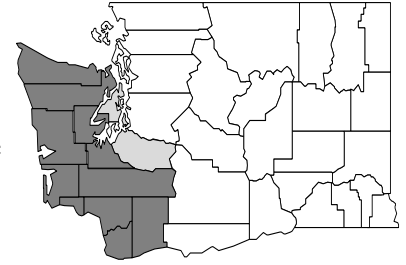
CAN YOU LISTEN?

Shanti volunteers make a difference in the community by providing caring support for people affected by HIV/AIDS, cancer, or other life-threatening illnesses. By listening without judgment and engaging in a comforting one-to-one relationship, our volunteers provide a safe space for people to talk about dealing with illness. Currently there are clients who are waiting to be matched. The next training begins February 28, 2004. Call (206) 324-1520 Ext. 228 and volunteer today! Visit the website at: www.seattleshanti.org or e-mail them at: shanti@multifaith.org.

REGIONS 5 & 6

Region 5 (gray area) includes Kitsap and Pierce Counties. The Region 5 AIDSNET office is in Tacoma and the Coordinator is Mary Saffold at (253) 798-4791.

Region 6 (dark area) includes Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston and Wahkiakum Counties. The Region 6 AIDSNET office is in Vancouver and the coordinator is David Heal at (360) 397-8086.



ANNOUNCEMENTS

The **Pierce County AIDS Foundation (PCAF)** has a staff opening for a Development Officer. This position will focus on 3 areas: the coordination of agency fundraising events, identifying potential funding sources to submit grant applications to, and implementing a campaign to increase individual gifting to PCAF. The position is full time with flexible hours and is exempt from the Fair Labor Standards Act. For further information call (253) 383-2565.

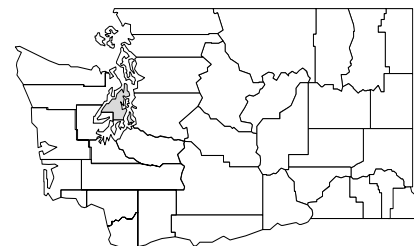
Visit **United Communities AIDS Network (UCAN)** at their new location: 147 Rogers Street N.W., Olympia, WA. They have moved into a lovely building in a residential section with a great view overlooking downtown Olympia. Friendly staff will assist you with HIV testing every 1st Friday of the month; oral testing is available. For further information please call UCAN at (360) 352-2375.

UCAN hosted their candlelight vigil and memorial on Monday, December 1st at the Olympia Farmer's Market, near the water. Candlelight against the sky was a poignant way to recognize our lost friends, and remind us to be vigilant in our unification against the spread of HIV.

Sergio Fernandez, at Pierce County AIDS Foundation, will add "prevention case management" to his specialties with a focus on prevention messages to HIV+ men who have sex with men. His **La Familia** outreach for Latino men who have sex with men lacks funding to continue; however, Sergio will incorporate his case finding work into his new contract. Sergio is a licensed physician in Mexico, with extensive experience working with clients on medical adherence issues.

STATEWIDE

ANNOUNCEMENTS



STATE HIV/AIDS MATERIAL REVIEW LIST NOW ONLINE!

When federal funds are used to purchase or develop educational material or fund staff that use educational materials the Centers for Disease Control and Prevention (CDC) requires review of the material by an HIV/AIDS Material Review Panel prior to their use. To provide easy access and the most up to date information concerning items approved for use by the **State HIV/AIDS Material Review Panel**, the complete list has been placed on the website (http://www.doh.wa.gov/cfh/hiv_aids/Prev_Edu/material_review.htm). Instead of the semi-annual list of newly approved material that appeared in this publication, you are able to see the complete list. Materials for review must be submitted directly to Frank E. Hayes, and will take approximately four weeks to process. If you have questions, please call Frank E. Hayes at (360) 236-3486 or e-mail frank.hayes@doh.wa.gov.

KUDOS TO KIM AND LORENA

Kim Field, the Washington State Department of Health's TB Program Coordinator is the newly elected President of the National Tuberculosis Controllers Association (NTCA). Membership is composed of TB control officers and physicians from state and large city health departments. **Lorena Jeske**, TB Nursing Consultant, also was newly elected President of the National Tuberculosis Nursing Consultant Coalition (NTNCC), which represents public health nursing consultants and other nurses working with TB. NTCA and NTNCC were founded in 1995 and represent every state in the U.S. Congratulations to both Lorena and Kim!!

GET HELP TO PUBLICIZE YOUR HIV/AIDS PROGRAMS ON TV!!!

Cable Positive, the cable and telecommunications industry's national non-profit AIDS action organization, provides **funding for HIV/AIDS organizations** and local cable systems to work together in joint community outreach efforts, or to produce and distribute new, locally focused HIV/AIDS-related programs and public service announcements (PSAs) through the **Tony Cox Community Fund**. Grants are available up to \$5,000. The next deadline for grant submissions is February 27, 2004. For more information, please contact Dana Levitt at (212) 459-1547 or dana@cablepositive.org or <http://www.cablepositive.org/>.

RETROVIRUS CONFERENCE AND SATELLITE COMMUNITY UPDATE

About the Conference:

The 11th Conference on Retroviruses and Opportunistic Infections (CROI) is the preeminent annual international conference on HIV/AIDS. The Retrovirus Conference is a scientifically focused meeting for the world's leading researchers, working to understand, prevent, and treat HIV/AIDS and its complications. The purpose of the annual conference is to provide a forum for translating laboratory and clinical research into medical applications. This year the conference will be held in San Francisco, CA. February 8 - 11, 2004 and is expected to draw over 3,800 leading researchers from around the world. For more information you can go to their website: <http://www.retroconference.org/2004/appsanddocs/AffiliatedEventRequestForm-FINAL.doc>.

About the Satellite Community Update Program:

A Community Update panel will be conducted via Satellite. The Update panelists will discuss what they believe to be the most important work from the conference that will translate into clinical care for people living with HIV/AIDS as well as Hepatitis C worldwide. The two-hour Community Update will be divided into three panels, each including three or four distinguished HIV researchers. The Community Update will occur February 12th from 5:00 P.M. – 7:00 P.M. Pacific Standard Time. The signal, introduction, and countdown clock sequence will occur 15 minutes prior to the start of the program. The first panel will focus on "Anti-HIV Drug Research", the second panel will cover "Metabolic Issues" and the third panel will be entitled "Hepatitis and HIV Co-Infection" but will also include some discussion of opportunistic infections as well.

This program will be available on a prescribed satellite, which can be down-linked by a C-band satellite receiver

dish. Additional project information and technical information will only be provided to all registered interactive sites two weeks prior to the event. Please register your site at: <http://www3.doh.wa.gov/waphtn/broadcast.asp>. If you need help finding a site to view, contact Washington Public Health Training Network (WAPHTN) at: waphtn@doh.wa.gov or (360) 236-4065.

STATE PLANNING GROUP

The State Planning Group is scheduled to meet the 4th Thursday of the month from 9:30 A. M. to 3:15 P.M. Dates for February through April SPG meetings are as follows:

February 26	Holiday Inn SeaTac, Logan Room
March 25	Holiday Inn SeaTac, Logan Room
April 22	Red Lion Hotel (formerly WestCoast SeaTac Hotel), Seattle Room

COMMUNITY PLANNING

The six **AIDSNET Regions** continue to coordinate the local planning process through meetings of the Regional Planning Groups (RPGs). This process absolutely requires input and participation from members of the community infected and affected by this epidemic. Are you willing to become one of the voices that support effective prevention efforts? If so, please contact your local Regional Coordinator or DOH contact in the list below, for more information.

Barry Hilt	Region 1 AIDSNET (Spokane) – (509) 324-1551
Wendy Doescher	Region 2 AIDSNET (Yakima) – (509) 249-6503
Alex Whitehouse	Region 3 AIDSNET (Everett) – (425) 339-5211
Karen Hartfield	Region 4 AIDSNET (Seattle) – (206) 296-4649
Mary Saffold	Region 5 AIDSNET (Tacoma) – (253) 798-4791
David Heal	Region 6 AIDSNET (Vancouver) – (360) 397-8086
Brown McDonald	State Planning Group (SPG) – (360) 236-3421

HIV Prevention

INTERVENTIONS THAT WORK

BY FRANK E. HAYES; DOH, HIV PREVENTION AND EDUCATION SERVICES

Reaching prioritized populations identified by the Washington State and or regional HIV prevention planning groups as the highest risk for acquiring or transmitting the HIV virus is not an easy task and cannot occur in a vacuum. We must involve numerous organizations and use various intervention types. Regardless of the intervention type utilized, it is important to involve your prioritized population in the planning, implementation, and evaluation phases of the intervention. Your prevention efforts may consist of one or more of the following intervention types in your HIV prevention arsenal: Individual Level Intervention, Group Level Intervention, Counseling and Testing, Prevention Case Management, Partner Counseling and Referral Services, Health Communication/Public Information, and Outreach. All of the aforementioned interventions are important, valuable, and possess positive as well as varied levels of challenging aspects.

Outreach (referred to as Street and Community Outreach), may be one of the least expensive intervention types and may assist greatly in recruiting your prioritized population to attend one of the other interventions offered. One of the important items in the Cooperative Agreement that the Department of Health (DOH) has with the Centers for Disease Control and Prevention (CDC) is the ability to tell them how many outreach episodes it takes to get a person to attend another intervention or service offered (i.e. STD testing and treatment, C & T, etc.). When I say outreach, what do I mean? The CDC definition is, "HIV/AIDS educational intervention generally conducted by peer or paraprofessional educators face-to-face with high-risk individuals in the clients' neighborhood or other areas where clients typically congregate. An outreach worker may include distribution of condoms and educational materials as well as HIV testing. A major purpose of outreach activities is to encourage those at high risk to learn their HIV status." Outreach excludes condom drop offs, material distribution, and other outreach activities that lack "face-to-face client contact" (Evaluating CDC – Funded Health Department HIV Prevention Programs, Volume 1. CDC June 2001). If you are interested in reading the full guidance that was placed on the CDC website in March 2002, you may visit: <http://www.cdc.gov/hiv/aboutdhap/perb/guidance.htm>. In non-CDC language, outreach means getting out of your office, building, or establishment and going to parks, bars, taverns, under bridges, soup kitchens, migrant camps, shelters, and other places your population frequents. Along with the face-to-face delivery of prevention messages and harm reduction material, outreach workers are to encourage difficult to reach populations to learn their HIV status and refer them to other appropriate services or interventions.

As you can imagine, outreach work has some built-in safety concerns. If you are going to be successful in reaching your desired population, it will be necessary to visit places that may not be on your normal every day route of travel. Who should do this work? Is this work for every person? What should they know? The answers to these questions are really very simple. Outreach workers are a very special group of individuals. Just like other professions, the workers need to have a desire to work with the desired population and be willing to visit places others may not want to visit. The outreach worker must be sincere and possess the ability to place the people they meet at ease and talk "with" the clients and not "down" to them. Those encountered will be able to spot a non-sincere person quickly. As you can imagine, this work is not for everyone and you may find it a formidable task locating an effective person to conduct your outreach activities. An individual may possess

the characteristics mentioned, but still not be prepared to do outreach work.

The last question (What should they know?) is more challenging. This question has been asked by many organizations desiring to conduct outreach work in their community. During one of the State Planning Groups' (SPG) two-day meetings earlier this year, this topic was discussed at length. Consequently, a group of concerned SPG members and DOH formed a committee to discuss this issue. The committee met several times discussing outreach in great detail. The desired outcomes of these meetings were to ensure all outreach worker activities were conducted in the same manner and provided accurate information. Shortly after a briefing on the meeting outcome, I visited a CDC web site and reviewed "Guidelines for Health Education and Risk Reduction (HERR) Activities". It was refreshing and reassuring to see the items the committee had discussed as necessary, the CDC had the same thoughts in 1995. The complete CDC articles may be viewed at: <http://www.cdc.gov/hiv/HERRG/activities.htm> and <http://www.cdc.gov/hiv/HERRG/considerations.htm>. Some of the items mentioned by both groups were: basic HIV, STD and TB education information; increase knowledge of substance use/abuse; enhanced sensitivity to issues for persons living with HIV/AIDS and STDs; basic health education, confidentiality and privacy; orientation to safer sex guidelines; can act as a role model for the clients they serve; and sensitive to the community norms, values, cultural beliefs and traditions. This list is not all-inclusive and is important in other HERR activities as well as outreach.

Intervention in the Spotlight

Intervention Type: Individual Level Intervention

Risk Transmission Category: Heterosexuals (couples)

Behavior Placing Them at Risk: Unprotected Sex

Setting: Hospital Outpatient Section (Private Office)

Study Title: "HIV Prevention for Intimate Couples: A Relationship-based Model" Nabila El-Bassel, Susan S. Witte, et al. *Families, Systems & Health*: Rochester; Winter 2001, Volume 19, issue 4; 379-395 and "The Efficacy of a Relationship-Based HIV/STD Prevention Program for Heterosexual Couples", Nabila El-Bassel, DSW, Susan S. Witte, PHD et al, *American Journal of Public Health* 2002 Volume 93, Number 6; 963-969.

Article Description:

As you can see there are two articles referenced. The first article was taken from the Internet (prior to the official evaluation of the intervention) and I found it interesting. The second article was taken from the American Journal of Public Health. I happened to stumble upon the article as I was looking through back issues of the publication and discovered that it was the same intervention in the Internet article, after it had been officially evaluated, shown to be effective, and published. The rates of heterosexually acquired HIV infection in the United States had mobilized efforts to develop alternative prevention strategies including this model, which happens to be for couples. New methods to reach those in the context of relationship dynamics and focusing on couples and their communication patterns may enable the women to initiate and sustain condom use with their long term partner. Relationship-based risk reduction encouraged collaboration to address mutual needs. The

principle aim was to test whether a 6 session HIV/AIDS relationship-based intervention would be equally, more or less efficacious in increasing condom use, decreasing STDs, and reducing the number of sexual partners outside of their primary relationship. The second aim was to examine if the intervention would be more efficacious when the woman and her partner received this intervention together or if the woman received the intervention alone. The name of the intervention was called "Project Connect." The study was conducted between 1997 and 2001. Women between the ages of 18 and 55 were recruited from hospital-based outpatient clinics in Bronx, New York. The first step was a face-to-face 10-minute eligibility screening where the women were asked to recruit their regular sexual partners to participate. From the approximately 2,416 women who were screened for the study, 388 were eligible. To be eligible for the program, the women had to meet several criteria. They were: 1) had a regular male partner; 2) involved in a long term relationship, defined as with this current partner for 6 months and intending to stay with him for at least one year; 3) had had at least one episode of unprotected vaginal or oral sex with this partner in the past 30 days; 4) no life-threatening abuse reported in the past 6 months; and 5) be a client at one of the hospital's clinics. There were four other important eligibility requirements: the woman had to know or suspect her partner had had sexual relations with another person (man or woman) in the past 90 days; he had been diagnosed or exhibited symptoms of an STD in the past 90 days; he had injected drugs in the past 90 day; or, he was HIV positive. Of the women eligible for the program, 217 were willing to participate. The racial breakdown was: 47.5% African American couples, 29.5% Latino couples, and 23% mixed couples.

Once selected to participate in the intervention, the couples were randomly assigned to one of three groups. Group one consisted of couples (female with her male partner). The couples would participate in 6 weekly relationship sessions that lasted two hours each. Orientation session "Preparing for the journey" – this was an orientation session that was used to increase the couples' motivation to attend the remaining sessions. Session 1 "Identifying risk and vulnerabilities in our relationship" – the four objectives in this session were: 1) increase perception about vulnerability to STDs, including HIV, as a couple; 2) increase motivation to change by focusing on risk as a couple; 3) set ground rules and confidentiality procedures; and 4) introduce a couple to communication skills-building technique. Session 2 "Protecting our relationship" – the four objectives for this session were: 1) identify how relationship factors might be barriers to protected sex; 2) understand the importance of safer sex practices in the intimate relationship; 3) learn the spectrum of behavioral options of safer sex; and 4) practice condom use negotiations. Session 3 "Making choices that strengthen our relationship" - the objectives of this session were: 1) learn about male and female anatomy; 2) practice proper use of male and female condoms; 3) get information about safest condom and lubricant types available; and 4) discover how to make safe sex fun and enhance sexual communication skills. Session 4 "Working together to keep our relationship, family, and community safe" - the purpose of this session was to help couples accomplish two items: 1) identify triggers for unsafe sex; and 2) introduce problem solving skills to avoid or negotiate high-risk situations. Session 5 "Sustaining our relationship strength and supports"- this final session was to: 1) assist the couples identifying social support, both as individuals and as couples; 2) learn how to cope with challenges to maintaining safer sex practices; 3) enhance social support from family and friends; and 4) promote HIV risk reduction in their community. Women singly, rather than in couples, were assigned to group two-but they received the same messages and sessions as the partners assigned to group one. They were then instructed to relay the information they received to their male partner. In group three, the women attended by themselves, rather than with their partners; they received a one-time one-hour HIV/AIDS information session, and were not required or encouraged to pass the information on to their partners.

The orientation session was conducted one-on-one, with partners separated. All other sessions were conducted with the couple together. All session facilitators for the intervention were female, clinically skilled, and master prepared social workers

or social work graduates. The intervention designers felt it might make the women feel uncomfortable in session 3 when they talked about female and male anatomy if the women were alone with a male facilitator. To ensure the quality and consistency of the program, each facilitator received training, structured intervention tools, met once a week with a supervisor, and had routine feedback both verbally and via videotaped sessions.

The most powerful skill upon which couples were able to build HIV prevention plans was communication. There are few HIV prevention programs that speak with partners together as a couple, most HIV prevention programs are not developed or delivered in a partner setting (female and male partner together). The developers of this program felt if couples are unable to express themselves effectively and be heard when discussing day-to-day life issues, it is unlikely they will be able to effectively discuss sensitive safer sex issues.

The results of this intervention were positive, indicating its ability to change risky behavior. The articles stated the intervention was effective in reducing the proportion of unprotected sex and increased the proportion of protected sex. The articles also stated that there was not a significant difference between group 1 (couples received the intervention together) and group two (the woman received the intervention alone and relayed the information to her male partner). I have only given you the tip of the iceberg when it comes to these articles and the information they provided about this intervention. Hopefully, I have supplied enough information for you to understand the intervention. For those who may be dealing with serodiscordant (one partner HIV positive, the other HIV negative) or seroconcordant (both partners positive or both partners negative) couples, it sounds as though this intervention will produce an effective outcome in reducing risky sexual behavior. If you remember, those who participated in this intervention were mainly people of color. However, there is nothing stating that this would not work for other races and ethnicities. If your prioritized population fits this intervention, it may be replicated. If there are differences, adaptation of this intervention may be necessary to meet your populations' needs. To ensure effectiveness, you must remember to maintain the core elements. After reviewing the articles, there are four core elements, with several very important components that must be met.

1. Group level intervention – there are six sessions to this intervention (orientation was accomplished separately and 5 sessions together).
2. Present the topics outlined (see topics in the article numbered sessions).
3. Female facilitators - masters in social worker or social work graduate student.
4. Willing partner – the woman alone in a relationship may be powerless when it comes to safer sex negotiations.

At the end of each article I usually have the ability to provide information for a contact person in case you want to know more about their intervention. This article ended differently and didn't give one source to write for more information; it provided a list of references. However, I located the address for the primary writer. The information is: Nabil El-Bassel, D.S.W., Social Intervention Group Columbia School of Social Work, 662 West 113th Street, New York, NY 10025; (212) 854 5011; ne5@columbia.edu. If you have questions or comments for me, I may be contacted by telephone (360) 236-3486 or via e-mail at: frank.hayes@doh.wa.gov.

The STD Focus

BY BONNIE NICKLE; DOH, STD EDUCATIONAL RESOURCE COORDINATOR
STD 101 FOR OUTREACH WORKERS

At the end of January a mailing is to be sent to clinicians in OB-GYN, Family Practice, Pediatrics, Emergency Room practice and to Nurse Practitioners in the state of Washington outlining targeted chlamydia testing. Outreach workers need to be aware of the guidelines for re-screening women who have positive chlamydia tests. Repeat infections are a real problem. What outreach workers bring to this effort to have everyone tested and treated is getting people to clinics and coaching clients on full disclosure to clinicians. This includes pregnant women and clients who admit they have been less than honest about their risk behavior and the real or suspected risk behavior of their partners. You can also alert clinicians if your client is unlikely to comply with one of the treatment regimens that lasts for seven days. A more expensive medication that is taken only once is available. Speak up. Your opinions on these matters are important.

WHO SHOULD BE TESTED FOR CHLAMYDIA?

- Sexually active women 25 years and younger.
- Women over 25 years with a new sex partner or more than one sex partner.
- Pregnant women.
- Women with mucopurulent cervicitis (purulent or mucopurulent cervical discharge, or easily induced cervical bleeding), pelvic inflammatory disease (PID), and/or urethral syndrome (acute dysuria and pyuria without bacteriuria).
- Sex partners of persons with chlamydial infection.
- Some women planning IUD insertion, depending on their risk.
- Men with urethritis or epididymitis.
- Young men (aged 25 years and under) seeking routine health care should be evaluated for risk factors and screened if any are identified.

HOW OFTEN SHOULD WOMEN BE TESTED?

- At least annually, even if symptoms are not present, for all sexually active women 25 years old or younger.
- Women over 25 who meet screening criteria should be tested at least annually.
- Routine test of cure is not recommended for persons treated appropriately except in pregnant women. If a nucleic acid amplification test (NAAT) is used to determine if the patient is cured, the specimen should not be collected sooner than four weeks after completion of treatment.
- All women with chlamydial infection should be re-screened for chlamydia 3-4 months after treatment, regardless of whether the woman has resumed sexual activity, has had protected or unprotected intercourse, and whether or not she is

confident all sex partners were treated.

- Among pregnant women, a test for chlamydia *should be performed at the first prenatal visit and repeated* during the third trimester for women aged <25 years and those who have a new or more than one sex partner.

Selected Readings

HOW TO READ THE REFERENCES

Author(s), "Title," *Journal Name*, Date or Year; Volume (Number): Pages.

KEY:

- | | |
|---|-------------------------------|
| * Popular Reading | *** Medical Background Needed |
| ** Moderate Difficulty; Some Understanding Of Medical Terms | **** Technical Reading. |

If you have no access to library services, please contact Bonnie Nickle at (360) 236-3460 for single copies of these articles.

- *** Petitti D.B. "Combination Estrogen-Progestin Oral Contraceptives." *New England Journal of Medicine*. October 9, 2003;349(15):1443-1450. Evidence for recommendations for using this form of Oral Contraceptive.
- ** Westhoff C. "Emergency Contraception." *New England Journal of Medicine*. November 6, 2003;349(19): 1830-1835.
- ** Raine T., Marcell A.V. and Rocca C.H. "The Other Half of the Equation: Serving Young Men In a Young Women's Reproductive Health Clinic." *Perspectives on Sexual and Reproductive Health*. September/October 2003;35(5):208-214. "In-reach" efforts with female clients may be as important as targeted outreach efforts.
- *** Cuzick J., Szarewski A., Cubie H. and others. "Management of Women Who Test Positive for High-Risk Types of Human Papillomavirus: The HART Study." *The Lancet*. December 6, 2003;362:1871-1876. A vendor-financed study exploring the use of expensive technology without increasing the Colposcopy rate.
- * Kelley T. "New Pill Fuels Debate Over Benefits of Fewer Periods." *New York Times*. October 14, 2003:D5. Explanations and cautions.
- ** Short M.B., Succop P.A., Mills L. and others. "Non-exclusivity in Adolescent Girls' Romantic Relationships." *Sexually Transmitted Diseases*. October 2003;30(10):752-755. 45% of the girls had outside relationships. Girls whose parents provided more parental monitoring were less likely to have sex in an outside relationship.
- *** Sawaya G.F., McConnell K.J., Kulasingam S.L. and others. "Risk of Cervical Cancer Associated with Extending the Interval between Cervical-Cancer Screenings." *New England Journal of Medicine*. October 16, 2003;349(16):1501-1509. Estimated excess risk for cervical cancer using the new three-year interval guidelines was approximately 3 in 100,000 for women 30 to 64 years of age.

- *** Oh M.K., Funkhouser E., Simpson T. and others. "Early Onset of Vaginal Douching Is Associated With False Beliefs and High Risk Behavior." *Sexually Transmitted Diseases*. September 2003;30(9):698-693. Notes on association with increased risk for PID, ectopic pregnancy, cervical CA, reduced fertility, increased susceptibility to STDs and HIV, and bacterial vaginosis.
- * Villarosa L. "More Teenagers Say No to Sex, but Experts Aren't Sure Why." *New York Times*. December 23, 2003. Comments on a trend that began in the early 1990's.
- ** Anderson J..E., Santelli J. and Gilbert B.C. "Adolescent Dual Use of Condoms and Hormonal Contraception: Trends and Correlates 1991-2001." *Sexually Transmitted Diseases*. September 2003;30(9):719-722. Dual use has increased but remains low, especially among those most at risk.
- ** Veziris N., Truffot-Pernot C., Aubry A. and others. "Fluoroquinolone-Containing Third-Line Regimen against *Mycobacterium Tuberculosis* In Vivo." *Antimicrobial Agents and Chemotherapy*. October 2003;47(10):3117-3122. Preliminary exploration of alternatives when Isoniazid and Rifampin cannot be used.
- *** Ginsburg A.S., Hooper N., Parrish N. and others. "Fluorquinolone Resistance in Patients with Newly Diagnosed TB." *Clinical Infectious Diseases*. December 1, 2003; 37(11):1450-1452. In the small sample resistance was high, especially among those with prior fluorquinolone exposure.
- *** Hsu K, Christiansen D., O'Connor D. and others. "Self-Assessment of Tuberculosis Infection Risk by Urban Adolescents." *Archives of Pediatrics and Adolescent Medicine*. December 2003;157(12):1227-1231. Parents and students response to a survey.
- *** Crump J.A. and Reller L.B. "Two Decades of Disseminated Tuberculosis at a University Medical Center: The Expanding Role of Mycobacterial Blood Culture." *Clinical Infectious Diseases*. October 15, 2003;37(8): 1027-1043.
- *** Scholten J.N., Driver C.R., and Munsiff S. S. "Effectiveness of Isoniazid Treatment for Latent Tuberculosis Infection among Human Immunodeficiency Virus (HIV)-Infected and HIV-Uninfected Injection Drug Users in Methadone Programs." *Clinical Infectious Diseases*. December 15, 2003;37(12):1686-1692.
- ** Hovell M.F., Sipan C.L., Blumberg E.J. and others. "Increasing Latino Adolescents' Adherence to Treatment for Latent Tuberculosis Infection: A Controlled Trial." *American Journal of Public Health*. November 2003;93(11):1871-8177.
- * "Tuberculosis Outbreak Among Homeless Persons: King County, Washington, 2002-2003." *MMWR*. December 12, 2003;52(49):1209-1210. Forty- four outbreak-associated TB patients have been identified.
- **** Shimono N., Morice L., Casali N. and others. "Hypervirulent Mutant of Myco-bacterium Tuberculosis Resulting from Disruption of the mceL Operon." *Proceedings of the National Academy of Sciences*. December 23,2003;100(26):15918-15923. Preliminary study of why and how latency may be an advantage for TB.
- *** Korenromp E.L., Scano F., Williams B.G. and others. "Effects of Human Immunodeficiency Virus Infection on Recurrence of Tuberculosis after Rifampin-Based Treatment: An Analytical Review." *Clinical Infectious Diseases*. July 1, 2003;101-111.
- *** Toossi Z. "Virological and Immunological Impact of Tuberculosis on Human Immunodeficiency Virus Type I Disease." *Journal of Infectious Diseases*. October 15, 2003;188:1146-1154. A review of new research.
- ** Aggarwal M. and Rein J. "Acute Human Immunodeficiency Virus Syndrome in an Adolescent." *Pediatrics*. October 4, 2002;323324. The 15-year-old boy presented with fever, fatigue, rash, pharyngitis, lymphadenopathy, oral ulcers,

emesis and diarrhea. All symptoms resolved within one week. HIV is the 7th leading cause of death among people age 15 to 24 in the U.S. The nonspecific, mononucleosis-like symptoms of acute HIV infection make it an easy diagnosis to miss.

- **** Wood E., Hogg R.S., Yip B. and others. "Effect of Medication Adherence on Survival of HIV-Infected Adults Who Start Highly Active Antiretroviral Therapy When the CD4+ Cell Count is 0.200 to 0.350x 10⁹ cells/L." *Annals of Internal Medicine*. November 2003;18(139):810-816.
- ** Mallon P.W.G., Miller J., Cooper D.A. and Carr A. "Prospective Evaluation of the Effects of Antiretroviral Therapy on Body Composition in HIV-1 Infected Men Starting Therapy" *IDS*. May 2003;17: 971-979. 40 patients followed for 3+ years.
- ** Elford J. and Hart G. "If HIV Prevention Works, Why Are Rates of High-Risk Sexual Behavior Increasing Among MSM?" *AIDS Education and Prevention*. 15(4):294-308.
- *** Chen S.Y., Gibson S., Weide D. and McFarland W. "Unprotected Anal Intercourse Between Potentially HIV-Serodiscordant Men Who Have Sex With Men, San Francisco." *Journal of Acquired Immune Deficiency Syndromes*. June 1, 2003;33(2):166-170.
- *** Sklar P. and Masur H. "HIV Infection and Cardiovascular Disease – Is There Really a Link?" *New England Journal of Medicine*. November 20, 2003;265-2067. Review of contradictory studies on this topic.
- ** CASCADE (Concerned Action on SeroConversion to AIDS) Collaboration. "Determinants of Survival Following HIV-1 Seroconversion After the Introduction of HAART." *The Lancet*. October 18, 2003;262:1267-1274. Data from 22 cohorts (7,740 sero-converters) of HIV+ people from Europe, Australia and Canada showed that predicted survival has continued to increase, however age and exposure category as determinants of progression seems to have changed.
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- ** Cooper O.B., Brown T.T., and Dobs A.S. "Opiate Drug Use: A Potential Contributor to the Endocrine and Metabolic Complications in Human Immunodeficiency Virus Disease." *Clinical Infectious Diseases*. September 1, 2003;37 (Supplement 2):S132-S136.
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- *** Wald A., Huang M-L, Selke S, and Corey A. "Polymerase Chain Reaction for Detection of Herpes Simplex Virus (HSV) DNA on Mucosal Surfaces: Comparison with HSV Isolation in Cell Culture." *Journal of Infectious Diseases*. November 1, 2003;188:1245-1351. Includes comments on problems of transport of viral culture specimens in warm weather.
- ** Kerani R.P., Golden M.R. and Whittington W.L.H. "Spatial Bridges for the Importation of Gonorrhea and Chlamydial Infection." *Sexually Transmitted Diseases*. September 2003;30(9):742-749. Bridgers (people who have sex with partners from their own area of residence and from other areas) were of higher socioeconomic status than non-

bridgers and more often reported concurrent relationships. Over a 39-month period bridgers and potential bridgers linked King County with 35 states and 13 foreign countries.

- ** Traub S.J., Hoffman R.S. and Nelson L.S. "Body Packing—The Internal Concealment of Illicit Drugs." *New England Journal of Medicine*. December 25, 2003;349(26):2519-2 526. Includes information on the use of children, methods of diagnosis and treatment. Please bring this information to the attention of law enforcement in your community.
- * Pappas G., Seitaridis S. and Akritidis N. "Infectious Diseases in Cinema: Virus Hunters and Killer Microbes." *Clinical Infectious Diseases*. October 1, 2003;37:939-942. HIV, STD and TB notes on the effect of misrepresentation on the public along with cool comments for your lectures.

Other Health Resources

TB

The Francis J. Curry National Tuberculosis Center's website (<http://www.nationaltbcenter.edu/index.cfm>) posted **free courses on TB contact investigation**, interpretation skills for TB control, case studies, and pediatric gastric aspirate procedures.

At The HEPP Report site, <http://www.hivcorrections.org>, look for the October 2003 issue that includes a simple chart on HIV opportunistic infections and an "Ask the Expert" feature on **Multi-drug Resistant Tuberculosis**. Case presentations highlight those at highest risk of infection for HIV, STD, hepatitis, TB and reproductive health problems. While you're there, register to have this Brown University publication sent to you.

HIV

The **Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents** were revised on November 10, 2003. A "What's New in this Document?" page has been added to the guidelines to indicate and summarize the changes. The most current version of these guidelines are available at: <http://aidsinfo.nih.gov/>.

A discussion of **Early vs. Late Initiation of Antiretroviral Therapy for HIV Infection** among CDC, Harvard, Cornell, Danish, Swiss, Australian, and other experts can be found at: http://www.medscape.com/viewarticle/463372_print. Good charts, explanations of historical changes as experience with drugs and side effects influenced guidelines, and clear statements on the limitations of current data.

A chapter of San Francisco's HIV InSite knowledge base, **Critical Care of Patients with HIV**, has been updated. **Go to** <http://www.hivinsight.org/InSite.jsp>. Be sure that clinicians, students and outreach workers new to HIV practice know of this resource. HIV InSite lists The Well Project as a site with a focus on **women living with HIV and AIDS**. It includes information on HIV basics, fact sheets on treatment, diseases, conditions, and a section on living well with HIV.

At The HEPP Report site, <http://www.hivcorrections.org>, look for the October 2003 issue that includes a simple chart on **HIV opportunistic infections** and an "Ask the Expert" feature on Multi-drug Resistant Tuberculosis. Case presentations highlight those at highest risk of infection for HIV, STD, hepatitis, TB and reproductive health problems. While you're there, register to have this Brown University publication sent to you.

The first-ever, Pan-European, multi-lingual, community-based website on AIDS treatments has been launched: <http://www.eatg.org/>. This site “is a tool to support both individual decision-making and collective solidarity on AIDS treatments”, activists say. The European AIDS Treatment Group (EATG) is proud to announce the launching of its website, which includes access to therapies and democratic access to medical knowledge. “The web has shown that there is no meaning in making medical knowledge exclusive to doctors, and people living with HIV/AIDS and its advocates were pioneers to overcome that barrier for their profit”, explains Mauro Guarinieri, EATG chairperson. The website will give a European community point of view about latest news on HIV/AIDS drug development and strive to make them available to those who most need them but don’t have access, according to Guarinieri.

HEPATITIS

The CDC staff has created a **Viral Hepatitis Resource Center**, available at <http://www.cdc.gov/hepatitis>. The resource center contains educational materials such as brochures, fact sheets, frequently asked questions, slide sets, and posters. All materials are free and can be either downloaded directly or ordered online. The site also has a professional section for free CMEs.

Information on **hepatitis C vaccine** trials to be conducted at St. Louis University by Chiron and the National Institutes of Health can be found at <http://www.sciencedaily.com/releases/2003/11/031117073403.htm>

STD PREVENTION, FAMILY PLANNING AND REPRODUCTIVE HEALTH

STD 101 In-A-Box: Ready-To-Use Presentations is now available at CDC’s website: <http://www2a.cdc.gov/std101>. STD 101 In-A-Box may be used by state/local health departments, health educators, conference organizers, trainers, clinicians, or anyone needing to conduct a basic presentation on sexually transmitted disease symptoms. The presentations may be used together or separately and can be customized to the user’s needs. For a full description of how this product may be used, please refer to the user’s guide that can be located on the home page. You must be over age 18 and agree to register to receive a password to access these materials. Bonnie Nickle with the Department of Health, STD program has expressed concern about the presentations not including a greatly needed emphasis on asymptomatic infection at this time. Please add this information if you use these materials. Call 1-800-272-2437 (press 7 for the STD program) for information on asymptomatic STD infection.

Internet Use and Early Syphilis Infection Among Men Who Have Sex with Men. San Francisco, California, 1999—2003 *MMWR Weekly* – December 19, 2003 / 52(50);1229-1232 Centers for Disease Control and Prevention. <http://www.aegis.org/pubs/mmwr/2003/MM5250-1229.html>.

Color Atlas and Synopsis of Sexually Transmitted Diseases by Hunter Handsfield. 2001 McGraw-Hill Professional. \$59.95. Includes HIV opportunistic infections and over 200 photographs.

The Case for the Cautious Generation, part of the “Science Says” series from the Campaign to Prevent Teen Pregnancy, is a three-page synopsis of data on decreased teen sexual activity from several surveys. Useful material for teens and parents is available at: <http://www.teenpregnancy.org/works/pdf/Cautious%20Generation%20FINAL.pdf>.

Approval of Ovcon 35 as the first chewable **oral contraceptive** tablet for women is outlined on the FDA’s website. Go to: <http://www.fda.gov/bbs/topics/ANSWERS/2003/ANS01260.html>.

The **National Campaign to Prevent Teen Pregnancy** has another new “Science Says” research brief as part of the Putting What Works to Work (PWWTW) project funded by the Centers for Disease Control and Prevention. The new fact sheet, “**The Sexual Attitudes and Behavior of Male Teens**” can be downloaded by visiting <http://www.teenpregnancy.org/works/default.asp>.

According to new data released October 31, 2003, from the **National Center for Health Statistics** (NCHS), the **U.S. teen pregnancy rate** for girls 15-19 declined 25% between 1990 and 1999. For more details, see the NCHS website at: <http://www.cdc.gov/nchs/releases/03facts/pregbirths.htm>.

For a summary of the **American Cancer Society’s update on cervical cancer screening guidelines**, go to http://www.guideline.gov/summary/summary.aspx?view_id=1&doc_id=3745

MULTI-CULTURAL HEALTH

SPIRAL (Selected Patient Information Resources in Asian Languages) provides consumer health information in Chinese, Hmong, Khmer, Korean, Laotian, Thai, and Vietnamese. Pamphlets are also available in English so that health care providers will understand the contents. Browsable by language or subject, including men’s health, hepatitis, STDs, HIV, violence prevention, family planning, TB, and medication adherence. The site also includes links to Asian and Pacific Islander health resources. <http://www.library.tufts.edu/hsl/spiral/>

The web site of the **US Gay and Lesbian Medical Association** is a comprehensive resource for both providers and patients www.glma.org. It includes an online searchable database to help find a gay friendly doctor (in north America) and recommendations for the “top ten” things lesbians should ask their doctors.

FDA has posted clear, simple guidelines for **medication interactions in Spanish** and English at <http://www.fda.gov/cder/consumerinfo/druginteractions-spanish.htm>.

OTHER

The Kaiser Report on **Syringe Exchange and Assembly Bill 136: The Dynamics of Local Consideration in Six California Counties** provides a qualitative assessment of this bill. The report can be found at: <http://www.kff.org/hivaids/6018-index.cfm>.

For a report on King County **teen health centers** go to <http://www.metrokc.gov/health/yhs>. These school-based and school linked health centers are comprehensive primary care clinics providing medical and mental health screening and treatment for young people on or near school grounds.

TABLE 1. WASHINGTON STATE HIV¹ AND AIDS CASES DIAGNOSED, KNOWN DEATHS, AND CASES PRESUMED LIVING, AS OF 12/31/2003

	TOTAL CASES (& CASE FATALITY RATE ²) DIAGNOSED DURING INTERVAL ³					DEATHS OCCURRING DURING INTERVAL ⁴		CASES PRESUMED LIVING DIAGNOSED DURING INTERVAL ³		
	HIV ¹		AIDS		HIV/AIDS	HIV ¹	AIDS	HIV ¹	AIDS	HIV/AIDS
	No.	(%)	No.	(%)	Total	No.	No.	No.	No.	Total
1982	2	(0%)	1	(100%)	3	0	0	2	0	2
1983	6	(17%)	20	(100%)	26	0	7	5	0	5
1984	13	(0%)	79	(97%)	92	0	31	13	2	15
1985	68	(7%)	132	(97%)	200	0	81	63	4	67
1986	62	(11%)	250	(98%)	312	0	128	55	6	61
1987	75	(11%)	371	(95%)	446	2	187	67	17	84
1988	84	(12%)	497	(93%)	581	6	240	74	34	108
1989	126	(10%)	629	(91%)	755	8	311	113	58	171
1990	140	(11%)	759	(89%)	899	6	378	124	84	208
1991	157	(7%)	856	(86%)	1,013	4	477	146	123	269
1992	148	(7%)	924	(75%)	1,072	7	530	138	229	367
1993	130	(4%)	998	(65%)	1,128	12	644	125	348	473
1994	175	(3%)	893	(52%)	1,068	4	683	170	428	598
1995	185	(2%)	791	(34%)	976	5	676	181	525	706
1996	226	(3%)	715	(23%)	941	3	476	220	547	767
1997	233	(5%)	533	(17%)	766	6	221	222	443	665
1998	219	(2%)	412	(19%)	631	3	154	214	333	547
1999	291	(2%)	373	(18%)	664	4	140	286	304	590
2000	358	(1%)	451	(17%)	809	27	160	353	376	729
2001	327	(1%)	412	(11%)	739	18	147	325	365	690
2002 ⁵	322	(1%)	433	(7%)	755	9	123	319	404	723
2003 YTD ⁵	291	(0%)	363	(4%)	654	9	118	290	350	640
TOTAL	3,638	(4%)	10,892	(54%)	14,530	133	5,912	3,505	4,980	8,485

1 Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.

2 Case fatality rate is the proportion of HIV or AIDS patients diagnosed during interval who are known to have died at some time since diagnosis.

3 Year of diagnosis reflects the time at which HIV infection or AIDS was diagnosed by a health care provider. Year of report (not shown above) reflects the time at which a case report was received by the Department of Health.

4 Includes deaths among HIV or AIDS patients diagnosed during that interval or any preceding interval.

5 Reporting delay is the period between the date a reportable disease is diagnosed by a physician and the date that the diagnosis is reported to public health officials. Cases counts for more recent time periods are considered to be incomplete due to reporting delays.

IDRH Assessment Unit, P.O. Box 47838, Olympia, WA 98504-7838; (360) 236-3455.

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OF INFECTIOUS DISEASE AND REPRODUCTIVE HEALTH**

<http://www.doh.wa.gov/hiv.htm>

TABLE 2. WASHINGTON STATE HIV¹ AND AIDS CASES, GENDER BY AGE AT DIAGNOSIS, AS OF 12/31/2003

	HIV ¹						AIDS					
	Male		Female		Total		Male		Female		Total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Under 13	17	(0%)	20	(1%)	37	(1%)	15	(0%)	17	(0%)	32	(0%)
13-19	58	(2%)	39	(1%)	97	(3%)	29	(0%)	11	(0%)	40	(0%)
20-29	1,025	(28%)	200	(5%)	1,225	(34%)	1,63	(15%)	217	(2%)	1,851	(17%)
30-39	1,303	(36%)	164	(5%)	1,467	(40%)	4,68	(43%)	373	(3%)	5,062	(46%)
40-49	560	(15%)	87	(2%)	647	(18%)	2,61	(24%)	199	(2%)	2,816	(26%)
50-59	122	(3%)	21	(1%)	143	(4%)	754	(7%)	74	(1%)	828	(8%)
60+	17	(0%)	5	(0%)	22	(1%)	233	(2%)	30	(0%)	263	(2%)
TOTAL	3,102	(85%)	536	(15%)	3,638	(100%)	9,97	(92%)	921	(8%)	10,892	(100%)

TABLE 3. WASHINGTON STATE HIV¹ CASES, RACE/ETHNICITY¹⁰ AND EXPOSURE CATEGORY, AS OF 12/31/2003

	Adult/Adolescent				Pediatric		Total	
	Male	(%)	Female	(%)	No.	(%)	No.	(%)
Race/Ethnicity¹⁰								
White, not Hispanic	2383	(77%)	269	(52%)	13	(35%)	2665	(73%)
Black, not Hispanic	338	(11%)	159	(31%)	14	(38%)	511	(14%)
Hispanic (All Races)	229	(7%)	45	(9%)	6	(16%)	280	(8%)
Asian/Pacific Islander	3	(0%)	4	(1%)	0	(0%)	7	(0%)
Asian	64	(2%)	9	(2%)	4	(11%)	77	(2%)
Hawaiian/Pacific Islander	4	(0%)	1	(0%)	0	(0%)	5	(0%)
Native American/Alaskan	36	(1%)	23	(4%)	0	(0%)	59	(2%)
Multi-race	6	(0%)	0	(0%)	0	(0%)	6	(0%)
Unknown	22	(1%)	6	(1%)	0	(0%)	28	(1%)
Total	3085	(100%)	516	(100%)	37	(100%)	3638	(100%)
Exposure Category								
Male/male sex (MSM)	2260	(73%)	N/A	()	0	(0%)	2260	(62%)
Injecting Drug Use (IDU)	232	(8%)	134	(26%)	0	(0%)	366	(10%)
MSM and IDU	307	(10%)	N/A	()	0	(0%)	307	(8%)
Transfusion/Transplant	6	(0%)	8	(2%)	0	(0%)	14	(0%)
Hemophilia	12	(0%)	1	(0%)	1	(3%)	14	(0%)
Heterosexual Contact ⁶	103	(3%)	261	(51%)	0	(0%)	364	(10%)
Mother at Risk for HIV	0	(0%)	0	(0%)	34	(92%)	34	(1%)
No Identified Risk ⁷ /Other	165	(5%)	112	(22%)	2	(5%)	279	(8%)
Total	3085	(100%)	516	(100%)	37	(100%)	3638	(100%)

1. Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.

6. Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection.

7. No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.

10. Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

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<http://www.doh.wa.gov/hiv.htm>

TABLE 4. WASHINGTON STATE AIDS CASES, RACE/ETHNICITY¹⁰ AND EXPOSURE CATEGORY, AS OF 12/31/2003

	<u>Adult/Adolescent</u>				<u>Pediatric</u>		<u>Total</u>	
	Male	(%)	Female	(%)	No.	(%)	No.	(%)
<u>Race/Ethnicity</u>¹⁰								
White, not Hispanic	7974	(80%)	518	(57%)	15	(47%)	8507	(78%)
Black, not Hispanic	936	(9%)	230	(25%)	10	(31%)	1176	(11%)
Hispanic (All Races)	700	(7%)	78	(9%)	4	(13%)	782	(7%)
Asian/Pacific Islander	34	(0%)	12	(1%)	1	(3%)	47	(0%)
Asian	105	(1%)	15	(2%)	0	(0%)	120	(1%)
Hawaiian/Pacific Islander	20	(0%)	5	(1%)	0	(0%)	25	(0%)
Native American/Alaskan	158	(2%)	41	(5%)	1	(3%)	200	(2%)
Multi-race	18	(0%)	2	(0%)	1	(3%)	21	(0%)
Unknown	11	(0%)	3	(0%)	0	(0%)	14	(0%)
Total	9956	(100%)	904	(100%)	32	(100%)	10892	(100%)
<u>Exposure Category</u>								
Male/male sex (MSM)	7302	(73%)	N/A	()	0	(0%)	7302	(67%)
Injecting Drug Use (IDU)	722	(7%)	275	(30%)	0	(0%)	997	(9%)
MSM and IDU	1086	(11%)	N/A	()	0	(0%)	1086	(10%)
Transfusion/Transplant	73	(1%)	49	(5%)	0	(0%)	122	(1%)
Hemophilia	82	(1%)	4	(0%)	4	(13%)	90	(1%)
Heterosexual Contact ⁶	255	(3%)	448	(50%)	0	(0%)	703	(6%)
Mother at Risk for HIV	0	(0%)	0	(0%)	28	(88%)	28	(0%)
No Identified Risk ⁷ /Other	436	(4%)	128	(14%)	0	(0%)	564	(5%)
Total	9956	(100%)	904	(100%)	32	(100%)	10892	(100%)

1. Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.

6. Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection.

7. No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.

10. Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

TABLE 5. WA STATE HIV¹ AND AIDS CASES DIAGNOSED, KNOWN DEATHS, AND CASES PRESUMED LIVING, BY COUNTY OF RESIDENCE⁸ AT DIAGNOSIS, AS OF 12/31/2003

	CASES DIAGNOSED					DEATHS				PRESUMED LIVING				
	HIV ¹		AIDS		HIV/AIDS TOTAL	HIV ¹		AIDS		HIV ¹		AIDS		HIV/AIDS TOTAL
	No.	(%)	No.	(%)		No.	(%)	No.	(%)	No.	(%)	No.	(%)	
REGION 1	154	(4.2%)	604	(5.5%)	758	9	(6.8%)	318	(5.4%)	145	(4.1%)	286	(5.7%)	431
ADAMS CO.	1	(0.0%)	5	(0.0%)	6	0	(0.0%)	1	(0.0%)	1	(0.0%)	4	(0.1%)	5
ASOTIN CO.	3	(0.1%)	14	(0.1%)	17	1	(0.8%)	6	(0.1%)	2	(0.1%)	8	(0.2%)	10
COLUMBIA CO.	1	(0.0%)	4	(0.0%)	5	0	(0.0%)	3	(0.1%)	1	(0.0%)	1	(0.0%)	2
FERRY CO.	0	(0.0%)	7	(0.1%)	7	0	(0.0%)	6	(0.1%)	0	(0.0%)	1	(0.0%)	1
GARFIELD CO.	0	(0.0%)	0	(0.0%)	0	0	(0.0%)	0	(0.0%)	0	(0.0%)	0	(0.0%)	0
LINCOLN CO.	0	(0.0%)	4	(0.0%)	4	0	(0.0%)	2	(0.0%)	0	(0.0%)	2	(0.0%)	2
OKANOGAN CO.	7	(0.2%)	21	(0.2%)	28	0	(0.0%)	8	(0.1%)	7	(0.2%)	13	(0.3%)	20
PEND OREILLE CO.	1	(0.0%)	8	(0.1%)	9	0	(0.0%)	5	(0.1%)	1	(0.0%)	3	(0.1%)	4
SPOKANE CO.	129	(3.5%)	451	(4.1%)	580	7	(5.3%)	245	(4.1%)	122	(3.5%)	206	(4.1%)	328
STEVENS CO.	4	(0.1%)	22	(0.2%)	26	0	(0.0%)	8	(0.1%)	4	(0.1%)	14	(0.3%)	18
WALLA WALLA CO.	6	(0.2%)	58	(0.5%)	64	1	(0.8%)	30	(0.5%)	5	(0.1%)	28	(0.6%)	33
WHITMAN CO.	2	(0.1%)	10	(0.1%)	12	0	(0.0%)	4	(0.1%)	2	(0.1%)	6	(0.1%)	8
REGION 2	119	(3.3%)	357	(3.3%)	476	6	(4.5%)	181	(3.1%)	113	(3.2%)	176	(3.5%)	289
BENTON CO.	21	(0.6%)	78	(0.7%)	99	1	(0.8%)	34	(0.6%)	20	(0.6%)	44	(0.9%)	64
CHELAN CO.	11	(0.3%)	34	(0.3%)	45	0	(0.0%)	21	(0.4%)	11	(0.3%)	13	(0.3%)	24
DOUGLAS CO.	2	(0.1%)	2	(0.0%)	4	0	(0.0%)	2	(0.0%)	2	(0.1%)	0	(0.0%)	2
FRANKLIN CO.	19	(0.5%)	38	(0.3%)	57	1	(0.8%)	12	(0.2%)	18	(0.5%)	26	(0.5%)	44
GRANT CO.	8	(0.2%)	29	(0.3%)	37	1	(0.8%)	21	(0.4%)	7	(0.2%)	8	(0.2%)	15
KITTITAS CO.	3	(0.1%)	14	(0.1%)	17	0	(0.0%)	9	(0.2%)	3	(0.1%)	5	(0.1%)	8
Klickitat CO.	5	(0.1%)	11	(0.1%)	16	0	(0.0%)	8	(0.1%)	5	(0.1%)	3	(0.1%)	8
YAKIMA CO.	50	(1.4%)	151	(1.4%)	201	3	(2.3%)	74	(1.3%)	47	(1.3%)	77	(1.5%)	124
REGION 3	283	(7.8%)	854	(7.8%)	1,137	12	(9.0%)	439	(7.4%)	271	(7.7%)	415	(8.3%)	686
ISLAND CO.	16	(0.4%)	59	(0.5%)	75	1	(0.8%)	35	(0.6%)	15	(0.4%)	24	(0.5%)	39
SAN JUAN CO.	6	(0.2%)	18	(0.2%)	24	0	(0.0%)	10	(0.2%)	6	(0.2%)	8	(0.2%)	14
SKAGIT CO.	24	(0.7%)	49	(0.4%)	73	2	(1.5%)	27	(0.5%)	22	(0.6%)	22	(0.4%)	44
SNOHOMISH CO.	197	(5.4%)	577	(5.3%)	774	8	(6.0%)	292	(4.9%)	189	(5.4%)	285	(5.7%)	474
WHATCOM CO.	40	(1.1%)	151	(1.4%)	191	1	(0.8%)	75	(1.3%)	39	(1.1%)	76	(1.5%)	115
REGION 5	407	(11.2%)	1,159	(10.6%)	1,566	24	(18.0%)	626	(10.6%)	383	(10.9%)	533	(10.7%)	916
KITSAP CO.	68	(1.9%)	194	(1.8%)	262	1	(0.8%)	105	(1.8%)	67	(1.9%)	89	(1.8%)	156
PIERCE CO.	339	(9.3%)	965	(8.9%)	1,304	23	(17.3%)	521	(8.8%)	316	(9.0%)	444	(8.9%)	760
REGION 6	271	(7.4%)	911	(8.4%)	1,182	12	(9.0%)	451	(7.6%)	259	(7.4%)	460	(9.2%)	719
CLALLAM CO.	15	(0.4%)	51	(0.5%)	66	2	(1.5%)	27	(0.5%)	13	(0.4%)	24	(0.5%)	37
CLARK CO.	121	(3.3%)	402	(3.7%)	523	2	(1.5%)	197	(3.3%)	119	(3.4%)	205	(4.1%)	324
COWLITZ CO.	29	(0.8%)	89	(0.8%)	118	1	(0.8%)	49	(0.8%)	28	(0.8%)	40	(0.8%)	68
GRAYS HARBOR CO.	11	(0.3%)	48	(0.4%)	59	1	(0.8%)	28	(0.5%)	10	(0.3%)	20	(0.4%)	30
JEFFERSON CO.	7	(0.2%)	24	(0.2%)	31	3	(2.3%)	14	(0.2%)	4	(0.1%)	10	(0.2%)	14
LEWIS CO.	8	(0.2%)	40	(0.4%)	48	1	(0.8%)	26	(0.4%)	7	(0.2%)	14	(0.3%)	21
MASON CO.	18	(0.5%)	69	(0.6%)	87	0	(0.0%)	20	(0.3%)	18	(0.5%)	49	(1.0%)	67
PACIFIC CO.	5	(0.1%)	17	(0.2%)	22	0	(0.0%)	11	(0.2%)	5	(0.1%)	6	(0.1%)	11
SKAMANIA CO.	0	(0.0%)	7	(0.1%)	7	0	(0.0%)	5	(0.1%)	0	(0.0%)	2	(0.0%)	2
THURSTON CO.	56	(1.5%)	162	(1.5%)	218	2	(1.5%)	74	(1.3%)	54	(1.5%)	88	(1.8%)	142
WAHIAKUM CO.	1	(0.0%)	2	(0.0%)	3	0	(0.0%)	0	(0.0%)	1	(0.0%)	2	(0.0%)	3
SUBTOTAL	1,234	(33.9%)	3,885	(35.7%)	5,119	63	(47.4%)	2,015	(34.1%)	1,171	(33.4%)	1,870	(37.6%)	3,041
REGION 4 (KING CO.)	2,404	(66.1%)	7,007	(64.3%)	9,411	70	(52.6%)	3,897	(65.9%)	2,334	(66.6%)	3,110	(62.4%)	5,444
STATE TOTAL	3,638	(100%)	10,892	(100%)	14,530	133	(100%)	5,912	(100%)	3,505	(100%)	4,980	(100%)	8,485

1. Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.

8. County of residence at the time of testing positive for HIV (HIV cases) or at the time of AIDS diagnosis (AIDS cases). May not reflect where people are currently residing..

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TABLE 6. WASHINGTON STATE HIV¹ CASES, YEAR OF DIAGNOSIS³ BY GENDER, RACE/ETHNICITY,¹⁰ EXPOSURE CATEGORY, AND AIDSNET REGION OF RESIDENCE⁹ AT DIAGNOSIS, AS OF 12/31/2003

	1982-1989		1990-1997		1998-Current ⁵		Cumulative		1999		2000		2001		2002 ⁵		2003 ⁵	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Gender																		
Male	401	(92%)	1172	(84%)	1529	(85%)	3102	(85%)	246	(85%)	292	(82%)	284	(87%)	275	(85%)	240	(82%)
Female	35	(8%)	222	(16%)	279	(15%)	536	(15%)	45	(15%)	66	(18%)	43	(13%)	47	(15%)	51	(18%)
Total	436	(100%)	1394	(100%)	1808	(100%)	3638	(100%)	291	(100%)	358	(100%)	327	(100%)	322	(100%)	291	(100%)
Race/Ethnicity¹⁰																		
White, not Hispanic	371	(85%)	1082	(78%)	1212	(67%)	2665	(73%)	208	(71%)	230	(64%)	218	(67%)	206	(64%)	189	(65%)
Black, not Hispanic	42	(10%)	167	(12%)	302	(17%)	511	(14%)	41	(14%)	68	(19%)	54	(17%)	67	(21%)	48	(16%)
Hispanic (All Races)	11	(3%)	88	(6%)	181	(10%)	280	(8%)	27	(9%)	38	(11%)	34	(10%)	30	(9%)	33	(11%)
Asian/Pacific Islander	0	(0%)	1	(0%)	6	(0%)	7	(0%)	1	(0%)	2	(1%)	2	(1%)	0	(0%)	0	(0%)
Asian	3	(1%)	25	(2%)	49	(3%)	77	(2%)	4	(1%)	10	(3%)	11	(3%)	7	(2%)	7	(2%)
Hawaiian/Pacific Islander	1	(0%)	0	(0%)	4	(0%)	5	(0%)	1	(0%)	1	(0%)	0	(0%)	0	(0%)	2	(1%)
Native American/Alaskan	6	(1%)	22	(2%)	31	(2%)	59	(2%)	4	(1%)	5	(1%)	5	(2%)	5	(2%)	10	(3%)
Multi-race	0	(0%)	1	(0%)	5	(0%)	6	(0%)	0	(0%)	0	(0%)	0	(0%)	4	(1%)	1	(0%)
Unknown	2	(0%)	8	(1%)	18	(1%)	28	(1%)	5	(2%)	4	(1%)	3	(1%)	3	(1%)	1	(0%)
Total	436	(100%)	1394	(100%)	1808	(100%)	3638	(100%)	291	(100%)	358	(100%)	327	(100%)	322	(100%)	291	(100%)
Exposure Category																		
Male/male sex (MSM)	296	(68%)	853	(61%)	1111	(61%)	2260	(62%)	193	(66%)	200	(56%)	192	(59%)	201	(62%)	175	(60%)
Injecting Drug Use (IDU)	48	(11%)	144	(10%)	174	(10%)	366	(10%)	31	(11%)	48	(13%)	29	(9%)	29	(9%)	24	(8%)
MSM and IDU	50	(11%)	121	(9%)	136	(8%)	307	(8%)	21	(7%)	25	(7%)	26	(8%)	29	(9%)	21	(7%)
Transfusion/Transplant	3	(1%)	7	(1%)	4	(0%)	14	(0%)	1	(0%)	1	(0%)	2	(1%)	0	(0%)	0	(0%)
Hemophilia	9	(2%)	4	(0%)	1	(0%)	14	(0%)	0	(0%)	1	(0%)	0	(0%)	0	(0%)	0	(0%)
Heterosexual Contact ⁶	12	(3%)	142	(10%)	210	(12%)	364	(10%)	28	(10%)	46	(13%)	40	(12%)	41	(13%)	38	(13%)
Mother at Risk for HIV	3	(1%)	25	(2%)	6	(0%)	34	(1%)	3	(1%)	2	(1%)	0	(0%)	0	(0%)	1	(0%)
No Identified Risk ⁷ /Other	15	(3%)	98	(7%)	166	(9%)	279	(8%)	14	(5%)	35	(10%)	38	(12%)	22	(7%)	32	(11%)
Total	436	(100%)	1394	(100%)	1808	(100%)	3638	(100%)	291	(100%)	358	(100%)	327	(100%)	322	(100%)	291	(100%)
AIDSNET Region																		
Region 1	22	(5%)	57	(4%)	75	(4%)	154	(4%)	8	(3%)	17	(5%)	15	(5%)	15	(5%)	10	(3%)
Region 2	11	(3%)	40	(3%)	68	(4%)	119	(3%)	13	(4%)	10	(3%)	10	(3%)	16	(5%)	12	(4%)
Region 3	32	(7%)	127	(9%)	124	(7%)	283	(8%)	24	(8%)	21	(6%)	24	(7%)	17	(5%)	23	(8%)
Region 5	40	(9%)	168	(12%)	199	(11%)	407	(11%)	37	(13%)	47	(13%)	29	(9%)	37	(11%)	37	(13%)
Region 6	29	(7%)	115	(8%)	127	(7%)	271	(7%)	23	(8%)	16	(4%)	30	(9%)	24	(7%)	23	(8%)
Subtotal	134	(31%)	507	(36%)	593	(33%)	1234	(34%)	105	(36%)	111	(31%)	108	(33%)	109	(34%)	105	(36%)
Region 4 (King Co.)	302	(69%)	887	(64%)	1215	(67%)	2404	(66%)	186	(64%)	247	(69%)	219	(67%)	213	(66%)	186	(64%)
Total	436	(100%)	1394	(100%)	1808	(100%)	3638	(100%)	291	(100%)	358	(100%)	327	(100%)	322	(100%)	291	(100%)

1 This includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. It does not include those who have only been tested anonymously for HIV.

3 Year of diagnosis reflects the time at which disease was diagnosed by a provider. Year of report (not shown above) reflects the time at which a case report was received by the Department of Health.

5 Reporting delay is the period between the date a reportable disease is diagnosed by a physician and the date that the diagnosis is reported to public health officials. Cases counts for more recent time periods are considered to be incomplete due to reporting delays.

6 Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection.

7 No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.

9 AIDSNET Region of residence at the time of testing positive for HIV (HIV cases) or at the time of AIDS diagnosis (AIDS cases). May not reflect where people are currently residing.

10 Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

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TABLE 7. WASHINGTON STATE AIDS CASES, YEAR OF DIAGNOSIS³ BY GENDER, RACE/ETHNICITY,¹⁰ EXPOSURE CATEGORY, AND AIDSNET REGION OF RESIDENCE⁹ AT DIAGNOSIS, AS OF 12/31/2003

	1982-1989		1990-1997		1998-Current ⁵		Cumulative		1999		2000		2001		2002 ⁵		2003 ⁵	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Gender																		
Male	1915	(97%)	5954	(92%)	2102	(86%)	9971	(92%)	323	(87%)	386	(86%)	363	(88%)	361	(83%)	301	(83%)
Female	64	(3%)	515	(8%)	342	(14%)	921	(8%)	50	(13%)	65	(14%)	49	(12%)	72	(17%)	62	(17%)
Total	1979	(100%)	6469	(100%)	2444	(100%)	10892	(100%)	373	(100%)	451	(100%)	412	(100%)	433	(100%)	363	(100%)
Race/Ethnicity¹⁰																		
White, not Hispanic	1733	(88%)	5140	(79%)	1634	(67%)	8507	(78%)	264	(71%)	303	(67%)	271	(66%)	279	(64%)	237	(65%)
Black, not Hispanic	132	(7%)	639	(10%)	405	(17%)	1176	(11%)	47	(13%)	84	(19%)	75	(18%)	78	(18%)	55	(15%)
Hispanic (All Races)	78	(4%)	435	(7%)	269	(11%)	782	(7%)	44	(12%)	45	(10%)	45	(11%)	46	(11%)	46	(13%)
Asian/Pacific Islander	3	(0%)	32	(0%)	12	(0%)	47	(0%)	4	(1%)	0	(0%)	3	(1%)	4	(1%)	1	(0%)
Asian	11	(1%)	70	(1%)	39	(2%)	120	(1%)	4	(1%)	3	(1%)	5	(1%)	12	(3%)	8	(2%)
Hawaiian/Pacific Islander	5	(0%)	10	(0%)	10	(0%)	25	(0%)	0	(0%)	3	(1%)	0	(0%)	2	(0%)	5	(1%)
Native American/Alaskan	16	(1%)	124	(2%)	60	(2%)	200	(2%)	8	(2%)	8	(2%)	11	(3%)	11	(3%)	9	(2%)
Multi-race	1	(0%)	15	(0%)	5	(0%)	21	(0%)	0	(0%)	2	(0%)	0	(0%)	0	(0%)	2	(1%)
Unknown	0	(0%)	4	(0%)	10	(0%)	14	(0%)	2	(1%)	3	(1%)	2	(0%)	1	(0%)	0	(0%)
Total	1979	(100%)	6469	(100%)	2444	(100%)	10892	(100%)	373	(100%)	451	(100%)	412	(100%)	433	(100%)	363	(100%)
Exposure Category																		
Male/male sex (MSM)	1521	(77%)	4407	(68%)	1374	(56%)	7302	(67%)	208	(56%)	257	(57%)	239	(58%)	231	(53%)	204	(56%)
Injecting Drug Use (IDU)	86	(4%)	611	(9%)	300	(12%)	997	(9%)	47	(13%)	57	(13%)	44	(11%)	50	(12%)	42	(12%)
MSM and IDU	236	(12%)	643	(10%)	207	(8%)	1086	(10%)	36	(10%)	35	(8%)	37	(9%)	38	(9%)	25	(7%)
Transfusion/Transplant	47	(2%)	65	(1%)	10	(0%)	122	(1%)	2	(1%)	3	(1%)	0	(0%)	1	(0%)	1	(0%)
Hemophilia	30	(2%)	53	(1%)	7	(0%)	90	(1%)	2	(1%)	3	(1%)	1	(0%)	0	(0%)	1	(0%)
Heterosexual Contact ⁶	29	(1%)	386	(6%)	288	(12%)	703	(6%)	37	(10%)	51	(11%)	52	(13%)	69	(16%)	46	(13%)
Mother at Risk for HIV	8	(0%)	18	(0%)	2	(0%)	28	(0%)	0	(0%)	2	(0%)	0	(0%)	0	(0%)	0	(0%)
No Identified Risk ⁷ /Other	22	(1%)	286	(4%)	256	(10%)	564	(5%)	41	(11%)	43	(10%)	39	(9%)	44	(11%)	44	(12%)
Total	1979	(100%)	6469	(100%)	2444	(100%)	10892	(100%)	373	(100%)	451	(100%)	412	(100%)	433	(100%)	363	(100%)
AIDSNET Region																		
Region 1	80	(4%)	367	(6%)	157	(6%)	604	(6%)	33	(9%)	33	(7%)	21	(5%)	32	(7%)	21	(6%)
Region 2	49	(2%)	203	(3%)	105	(4%)	357	(3%)	14	(4%)	19	(4%)	18	(4%)	15	(3%)	18	(5%)
Region 3	113	(6%)	534	(8%)	207	(8%)	854	(8%)	33	(9%)	29	(6%)	31	(8%)	42	(10%)	30	(8%)
Region 5	173	(9%)	678	(10%)	308	(13%)	1159	(11%)	56	(15%)	72	(16%)	60	(15%)	40	(9%)	31	(9%)
Region 6	111	(6%)	568	(9%)	232	(9%)	911	(8%)	39	(10%)	34	(8%)	53	(13%)	49	(11%)	27	(7%)
Subtotal	526	(27%)	2350	(36%)	1009	(41%)	3885	(36%)	175	(47%)	187	(41%)	183	(45%)	178	(41%)	127	(35%)
Region 4 (King Co.)	1453	(73%)	4119	(64%)	1435	(59%)	7007	(64%)	198	(53%)	264	(59%)	229	(55%)	255	(59%)	236	(65%)
Total	1979	(100%)	6469	(100%)	2444	(100%)	10892	(100%)	373	(100%)	451	(100%)	412	(100%)	433	(100%)	363	(100%)

3 Year of diagnosis reflects the time at which disease was diagnosed by a provider. Year of report (not shown above) reflects the time at which a case report was received by the Department of Health.

5 Reporting delay is the period between the date a reportable disease is diagnosed by a physician and the date that the diagnosis is reported to public health officials. Cases counts for more recent time periods are considered to be incomplete due to reporting delays.

6 Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection

7 No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.

9 AIDSNET Region of residence at the time of testing positive for HIV (HIV cases) or at the time of AIDS diagnosis (AIDS cases). May not reflect where people are currently residing.

10 Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

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WASHINGTON STATE REPORTED CASES OF CHLAMYDIA, GONORRHEA, EARLY SYPHILIS, JANUARY - DECEMBER 2003

Sex	Chlamydia		Gonorrhea		Early Syphilis	
	No.	(%)	No.	(%)	No.	(%)
Male	4,455	(26.5)	1,587	(57.6)	112	(94.9)
Female	12,341	(73.5)	1,167	(42.4)	6	(5.1)
TOTAL	16,796	(100)	2,754	(100)	118	(100)
Age						
0-14	271	(1.6)	35	(1.3)	0	(0.0)
15-19	5,665	(33.7)	476	(17.3)	3	(2.5)
20-24	6,378	(38.0)	710	(25.8)	10	(8.5)
25-29	2,285	(13.6)	451	(16.4)	21	(17.8)
30-34	1,004	(6.0)	373	(13.5)	31	(26.3)
35-39	509	(3.0)	271	(9.8)	27	(22.9)
40+	423	(2.5)	408	(14.8)	26	(22.0)
Unknown	261	(1.6)	30	(1.1)	0	(0.0)
TOTAL	16,796	(100)	2,754	(100)	118	(100)
Ethnic/Race						
White	7,868	(46.8)	1,140	(41.4)	85	(72.0)
Black	2,145	(12.8)	675	(24.5)	5	(4.2)
Hispanic	2,435	(14.5)	251	(9.1)	19	(16.1)
Native Hawaiian/Other Pacific	173	(1.0)	21	(0.8)	0	(0.0)
Asian	590	(3.5)	51	(1.9)	4	(3.4)
Native American	538	(3.2)	70	(2.5)	1	(0.8)
Multi	378	(2.3)	52	(1.9)	1	(0.8)
Other	123	(0.7)	18	(0.7)	0	(0.0)
Unknown	2,546	(15.2)	476	(17.3)	3	(2.5)
TOTAL	16,796	(100)	2,754	(100)	118	(100)
Provider Type						
	Cases	# Prov	Cases	# Prov	Cases	# Prov
Community Health Ctr.	517	33	157	23	6	1
Emergency Care (Not Hosp.)	358	45	139	30	0	0
Family Planning	3,334	53	173	37	0	0
Health Plan/HMO's	632	42	98	29	2	2
Hospitals	1,578	95	388	58	20	12
Indian Health	245	22	33	8	0	0
Jail/Correction/Detention	705	38	148	21	1	1
Migrant Health	567	22	62	13	1	1
Military	681	12	115	7	0	0
Neighborhood Health	155	16	22	11	0	0
OB/GYN	1,046	109	82	42	3	2
Other	3,297	551	519	223	24	16
Private Physician	384	140	77	34	19	8
Reproductive Health	1,428	19	103	13	3	3
STD	1,234	28	584	15	39	7
Student Health	635	22	54	12	0	0
TOTAL	16,796	1,247	2,754	576	118	53

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<http://www.doh.wa.gov/hiv.htm>

WASHINGTON STATE REPORTED STDs BY COUNTY JANUARY - SEPTEMBER 2003 SEXUALLY TRANSMITTED DISEASE SERVICES (360) 236-3460

	CT	GC	HERPES	P & S	EL	L/LL	CONG	TOTAL
Adams	30	4	4	-	-	-	-	0
Asotin	52	2	17	-	-	1	-	1
Benton	348	18	59	-	-	1	-	1
Chelan	168	2	19	-	2	1	-	3
Clallam	156	8	32	-	-	1	-	1
Clark	844	158	44	6	1	7	-	14
Columbia	1	0	0	-	-	-	-	0
Cowlitz	196	15	18	-	-	1	-	1
Douglas	69	3	9	-	-	1	-	1
Ferry	8	0	0	-	-	-	-	0
Franklin	188	2	10	1	-	3	-	4
Garfield	0	0	0	-	-	-	-	0
Grant	216	13	15	-	-	1	-	1
Grays Harbor	153	7	9	1	-	-	-	1
Island	175	23	20	-	-	-	-	0
Jefferson	59	2	7	-	-	-	-	0
King	5,168	1,351	688	60	24	50	-	134
Kitsap	671	91	64	-	-	6	-	6
Kittitas	90	7	9	-	-	-	-	0
Klickitat	35	2	3	-	-	-	-	0
Lewis	141	6	15	1	1	1	-	3
Lincoln	6	0	1	-	-	-	-	0
Mason	109	13	15	-	1	3	-	4
Okanogan	116	6	16	-	-	-	-	0
Pacific	37	4	2	-	-	-	-	0
Pend Oreille	16	0	4	-	-	-	-	0
Pierce	2,820	538	236	2	3	14	-	19
San Juan	10	2	2	-	-	-	-	0
Skagit	270	25	41	-	-	5	-	5
Skamania	13	0	0	-	-	-	-	0
Snohomish	1,468	139	268	8	3	10	-	21
Spokane	988	97	163	1	-	3	-	4
Stevens	59	5	6	-	-	-	-	0
Thurston	511	37	87	-	-	2	-	2
Wahkiakum	3	0	1	-	-	-	-	0
Walla Walla	80	2	15	-	-	1	-	1
Whatcom	436	57	80	-	-	-	-	0
Whitman	133	8	12	-	-	1	-	1
Yakima	953	107	82	2	1	8	-	11
YEAR TO DATE	16,796	2,754	2,073	82	36	121	0	239
PRV YR TO DATE	14,935	2,924	1,914	70	23	63	1	158
% CHANGE	+12.5%	-5.8%	+8.3%	+17.1%	+56.5%	+92.1%	-100.0%	+51.3%

CT = Chlamydia Trachomatis

P/S = Primary & Secondary Syphilis

CONG = Congenital Syphilis

GC = Gonorrhea

EL = Early Latent Syphilis

HERPES = Initial Genital Herpes

L/LL = Late/Late Latent Syphilis

**A PUBLIC INFORMATION PROJECT OF THE WASHINGTON STATE DEPARTMENT OF HEALTH, OFFICE
OF INFECTIOUS DISEASE AND REPRODUCTIVE HEALTH**

<http://www.doh.wa.gov/hiv.htm>

Monthly Tuberculosis Case Totals by County 2002-2003

COUNTY	JAN		FEB		MARCH		APRIL		MAY		JUNE		JULY		AUGUST		SEPT		OCT		NOV		DEC		TOTAL	
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
Adams						1																		0	1	
Asotin																								0	0	
Benton							1							1									1	1	2	
Chelan						1							1	3										1	4	
Clallam		1																						0	1	
Clark					1			1			1		1			4	1			1	2	3	4	1	10	10
Columbia																								0	0	
Cowlitz							1						1					1						2	1	
Douglas						1		1									1							1	2	
Ferry																								0	0	
Franklin					1	1		1			1	1		2								1		3	5	
Garfield																								0	0	
Grant			1					2	1										1					2	3	
Grays Harbor		1					1																	1	1	
Island		1																						0	1	
Jefferson																								0	0	
King	8	10	3	14	19	12	13	17	12	14	15	3	15	20	12	18	16	13	13	10	15	9	17	14	158	154
Kitsap	2		1							1					1				1					6	2	
Kittitas																								0	0	
Klickitat											1													1	0	
Lewis																				1			1	0	2	
Lincoln																								0	0	
Mason				1		1																	1	0	3	
Okanogan									1				1				1							1	2	
Pacific																								0	0	
Pend-Oreille																								0	0	
Pierce	2	1	2	1	1		1	2	1	1	2		2	2		2	2	1	2	4	1	2		2	16	18
San Juan													1											1	0	
Skagit					1										2			1		1				3	2	
Skamania																								0	0	
Snohomish		3	2		2	2	1	1	1		2		1	1		1	2	2	1		1		3	2	16	12
Spokane			1		1	1					2			3			1		1		1			7	4	
Stevens																								0	0	
Thurston			1		1			1						1								1	3	3	5	
Wahkiakum																								0	0	
Walla Walla							1	1	1				1											3	1	
Whatcom	1		1					1		1			2	1					1		1	1	1	1	7	5
Whitman									1															1	0	
Yakima	1	1			1				2			2		2			3			1	1	1		1	8	8
State Total	14	18	12	16	28	20	19	28	19	18	24	6	24	38	15	25	27	17	20	19	22	16	28	28	252	249
YTD State Total	14	18	26	34	54	55	73	82	92	100	116	106	140	144	155	169	182	186	202	205	224	221	252	249	252	249

Note: Detailed analysis of tuberculosis morbidity is contained in "Washington State Tuberculosis Epidemiological Profile - 1998" and is available to order from the State TB Program by calling (360) 236-3443.

Deadline Details For *Washington State Responds* Quarterly Newsletter

The deadline for the next issue of *Washington State Responds* is **March 20, 2004**. The calendar start date for the issue is **May 5, 2004**. To submit information, corrections, or to be added or dropped from the mailing list, contact Teri Eyster Hintz, Washington State Department of Health, HIV Prevention and Education Services, P.O. Box 47840, Olympia, WA 98504-7840. You may also telephone her at: (360) 236-3425 or call the Washington State Hotline at **1-800-272-2437, ext. 0** to leave a message. You may fax your information to (360) 236-3400, or preferably send via e-mail to: **Teri.Hintz@doh.wa.gov**.

We greatly appreciate news of your work or your organization!

Thank you for taking the time and effort to write, call, fax or e-mail!

DOH, HIV/AIDS PREVENTION AND EDUCATION SERVICES

Disclaimers and Notice of HIV/AIDS Content

Washington State Department of Health, HIV/AIDS Prevention and Education Services publishes information in this quarterly newsletter, *Washington State Responds*, as a courtesy to our readers, however, inclusion of information coming from outside of the Washington State Department of Health does not necessarily imply endorsement by the Washington State Department of Health.

The content of this newsletter is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis or treatment.

This newsletter may contain HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing syringe needles, prevention messages and programs may address these topics. If you are not seeking such information or are offended by such materials, do not visit this site.